TAB 7 TABLE OF CONTENTS

EXHIBIT 5: BUDGET AND STAFFING WORKSHEETS

CHILDREN	
C-01 Children Full Service Partnerships	Sub-tab 2 Sub-tab 3
TRANSITIONAL AGE YOUTH (TAY)	
T-01 TAY Full Service Partnerships	Sub-tab 6 Sub-tab 7
ADULTS	
A-01 Adult Full Service Partnerships A-02 Wellness/Client-run Centers A-03 IMD Step-down Facilities A-04 Adult Housing Services A-05 Jail Transition & Linkage Services	Sub-tab 10 Sub-tab 11 Sub-tab 12
OLDER ADULTS	
OA-01 Older Adult Full Service Partnerships	Sub-tab 15 Sub-tab 16 Sub-tab 17
CROSS CUTTING	
SN-01 Service Area Navigator Teams	Sub-tab 20 Sub-tab 21
ONE-TIME FUNDING	Sub-tab 23

County(ies): LOS ANGELES			Fiscal Year: _	2005-2006
Program Work Plan #: C-01			Date _	9/15/05
Program Work Plan Name: Children's Full Servi	ce Partnerships		Page_	
Type of Funding: FSP; Medi-cal; State	General Fund		Months of Operation _	6
Proposed Total C	lients Capacity of Program/Services:	384	New Program/Services or Expansion	New
Existing	Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Capacity of Progran	n/Services Expanded through MHSA:	384	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	_
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	=
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iv. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	- S		s -	\$	_
2. Personnel Expenditures	Ψ	, v	ļ ^Ψ	۳	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	=
c. Employee Benefits				\$	-
	\$ -	\$ -	\$ -	\$	=
d. Total Personnel Expenditures				1	
3. Operating Expenditures					
a. Professional Services					
b. Translation and Interpreter Services					
c. Travel and Transportation					
d. General Office Expenditures					
e. Rent, Utilities, and Equipment					
f. Medication and Medical Supplies					
g. Other Operating Expenses (provide description in budget narrative)					
h. Total Operating Expenditures	\$ -	\$ -	\$ -	Ļ	
4. Program Management					
a. Existing Program Management				\$	=
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	13,511,435
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	13,511,435
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)	-				
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
f. Grants - SAMHSA				\$	=
g. Other Revenue				\$	_
h. Total Existing Revenues	- \$		-	\$	_
2. New Revenue					
a. Medi-Cal (FFP only)				\$	5,686,174
b. Medicare/Patient Fees/Patient Insurance					-,-20,
c. State General Funds				\$	5,117,557
d. Other Revenue				*	5,.11,557
e. County Funds					
f. Total New Revenues	\$ -	\$ -	_e		
	l		-	•	10 000 704
3. Total Revenues	\$ -	\$ -	\$ -	\$	10,803,731
C One Time CCC Funding Evenenditures		1 S -	I S -	1.75	_
C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	2,707,704

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$13,511,435 will cover the cost of 174.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$13,511,435
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: \$5,686,174
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: \$5,117,557
B.3.	Total Revenues: \$10,803,731
D.	Total Funding Requirements: \$2,707,704
	Includes \$568,618 for EPSDT local match requirement of 5%.

County(ies):	LOS ANGELES		Fiscal Year: _	2005-2006	
Program Work Plan #:	C-01		Date _	9/15/05	
Program Work Plan Name:	Children's Full Service Partnerships		Page _		
Type of Funding:	FSP; Medi-cal; State General Fund		Months of Operation	6	
Propo	osed Total Clients Capacity of Program/Services:	384	New Program/Services or Expansion	New	
	Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman	
Client Canacity	of Program/Services Expanded through MHSA:	384	 Telephone Number:	(213) 351-8904	

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
Clinical Psychologist II			10.00		
Community Worker			20.00		
Intermediate Typist Clerk			40.00		
MH Clinical Program Head			1.00		
Medical Case Worker II			20.00		
Mental Health Analyst I			1.00		
Mental Health Counselor, RN			10.00		
Mental Health Services Coordinator II			20.00		
Psychiatric Social Worker II			20.00		
Secretary III			1.00		
Senior Community MH Psychologist			10.00		
Staff Assistant I			1.00		
Staff Assistant II			10.00		
Supvg Psychiatric Social Worker			10.00		
	Total New Additional Positions	0.00	174.00		\$ -
C. Total Progam Positions		0.00	174.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: <u>C-01</u>		Date _	9/15/05
Program Work Plan Name: Children's Full Service Partnerships		Page_	
Type of Funding: FSP; Medi-cal; State General Fund		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	1,534	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by: _	Elise Fierman
Client Capacity of Program/Services Expanded through MHSA:	1,534	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	_
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iv. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	s -	\$ -	s -	\$	_
2. Personnel Expenditures	Ι Ψ	,	ļ ^Ψ	۳	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits				\$	-
		6		\$	=
d. Total Personnel Expenditures	-	\$ -	\$ -	 •	-
3. Operating Expenditures a. Professional Services					
b. Translation and Interpreter Services					
c. Travel and Transportation					
d. General Office Expenditures					
e. Rent, Utilities, and Equipment					
f. Medication and Medical Supplies					
g. Other Operating Expenses (provide description in budget narrative)					
h. Total Operating Expenditures	\$ -	\$ -	\$ -	Ļ	
4. Program Management					
a. Existing Program Management				\$	=
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	27,022,869
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	27,022,869
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)	-				
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				\$	-
f. Grants - SAMHSA				\$	=
g. Other Revenue				\$	_
h. Total Existing Revenues			-	\$	_
2. New Revenue	'	<u> </u>	'	l	
a. Medi-Cal (FFP only)				\$	11,372,348
b. Medicare/Patient Fees/Patient Insurance					,5. =,5 10
c. State General Funds				\$	10,235,114
d. Other Revenue				*	. 5,255,117
e. County Funds					
f. Total New Revenues		\$ -	s _		
	l		Ι Ψ	•	24 607 400
3. Total Revenues	\$ -	\$ -	\$ -	\$	21,607,462
		I S -		1.70	_
C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	5,415,407

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$27,022,869 will cover the cost of 345.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$27,022,869
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: \$11,372,348
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: \$10,235,114
B.3.	Ψ10,200,11 4
	Total Revenues: \$21,607,462
D.	Total Funding Requirements – \$5,415,407
	Includes \$1,137,235 for EPSDT local match requirement of 5%.

County(ies):	LOS ANGELES		Fiscal Year: _	2006-2007	
Program Work Plan #:	C-01		Date _	9/15/05	
Program Work Plan Name:	Children's Full Service Partnerships		Page _		
Type of Funding:	FSP; Medi-cal; State General Fund		Months of Operation	12	
Propo	sed Total Clients Capacity of Program/Services:	1,534	New Program/Services or Expansion	New	
	Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman	
Client Canacity	of Program/Services Expanded through MHSA:	1 534	Telephone Number	(213) 351-8904	

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ²	Total Salaries, Wages and Overtime
A. Current Existing Positions					
_					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions	-				
Clinical Psychologist II			20.00		
Community Worker			40.00		
Intermediate Typist Clerk			80.00		
MH Clinical Program Head			1.00		
Medical Case Worker II			40.00		
Mental Health Analyst I			2.00		
Mental Health Counselor, RN			20.00		
Mental Health Services Coordinator II			40.00		
Psychiatric Social Worker II			40.00		
Secretary III			1.00		
Sr Community MH Psychologist			20.00		
Staff Assistant I			1.00		
Staff Assistant II			20.00		
Supvg Psychiatric Social Worker			20.00		
	Total New Additional Positions	0.00	345.00		\$ -
C. Total Progam Positions		0.00	345.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

cal Year: <u>2007-2008</u>	Fiscal Year: _		County(ies): LOS ANGELES
Date 9/15/05	Date		Program Work Plan #: C-01
Page	Page		Program Work Plan Name: Children's Full Service Partnerships
Operation 12	Months of Operation		Type of Funding: FSP; Medi-cal; State General Fund
xpansion New	New Program/Services or Expansion	1,534	Proposed Total Clients Capacity of Program/Services:
pared by: Elise Fierman	Prepared by:		Existing Client Capacity of Program/Services:
Number: (213) 351-8904	Telephone Number:	1,534	Client Capacity of Program/Services Expanded through MHSA:
Page Operation 12 expansion New coared by: Elise Fierm	Page Months of Operation New Program/Services or Expansion Prepared by:	,	Program Work Plan Name: Children's Full Service Partnerships Type of Funding: FSP; Medi-cal; State General Fund Proposed Total Clients Capacity of Program/Services: Existing Client Capacity of Program/Services:

	County Mental Health Departme	Gov	Other ernment encies	Ment Co	nmunity al Health ontract oviders		Total
A. Expenditures							
Client, Family Member and Caregiver Support Expenditures							
a. Clothing, Food and Hygiene						\$	_
b. Travel and Transportation						\$	-
c. Housing						*	
i. Master Leases						\$	_
ii. Subsidies						\$	_
iii. Vouchers						\$	_
iv. Other Housing						\$	_
d. Employment and Education Supports						\$	_
e. Other Support Expenditures (provide description in budget narrative)						\$	_
f. Total Support Expenditures	\$ <u>-</u>	 	_	\$	_	\$	<u>=</u> _
2. Personnel Expenditures	<u> </u>	+		Ψ		Ι Ψ	
a. Current Existing Personnel Expenditures (from Staffing Detail)						\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)						\$	_
c. Employee Benefits						\$	-
	\$	 		\$		\$	-
d. Total Personnel Expenditures 3. Operating Expenditures	<u> </u>	+	-	Ψ	-	ΙΨ-	
a. Professional Services							
b. Translation and Interpreter Services							
·							
c. Travel and Transportation							
d. General Office Expenditures							
e. Rent, Utilities, and Equipment							
f. Medication and Medical Supplies							
g. Other Operating Expenses (provide description in budget narrative)		1					
h. Total Operating Expenditures	\$ -	\$	-	\$	-	<u> </u>	
4. Program Management						_	
a. Existing Program Management						\$	-
b. New Program Management						\$	-
d. Total Program Management	Φ.	\$	-)	-	\$	
5. Estimated Total Expenditures when service provider is not known	\$ -	Φ.				\$	27,022,869
6. Total Proposed Program Budget	\$ -	\$	-	\$	-	\$	27,022,869
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)	-						
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. Realignment						\$	-
d. State General Funds						\$	=
f. Grants - SAMHSA						\$	-
g. Other Revenue						\$	-
h. Total Existing Revenues	- \$	\$	-	\$	-	\$	-
2. New Revenue							
a. Medi-Cal (FFP only)						\$	11,372,348
b. Medicare/Patient Fees/Patient Insurance							
c. State General Funds	1					\$	10,235,114
d. Other Revenue							
e. County Funds							
f. Total New Revenues	\$ -	\$	-	\$	=		
3. Total Revenues	\$ -	\$	-	\$	-	\$	21,607,462
C. One-Time CSS Funding Expenditures	\$ -	\$	-	\$	-	\$	-
D. Total Funding Requirements	\$ -	\$	-	\$	-	\$	5,415,407

CHILDREN'S FULL SERVICE PARTNERSHIP

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$27,022,869 will cover the cost of 345.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$27,022,869
B.2.a.	New Revenue – EPSDT (Medi-Cal) FFP: \$11,372,348
B.2.c.	New Revenue – EPSDT (Medi-Cal) State General Funds: \$10,235,114
B.3.	Ψ10,200,11 4
	Total Revenues: \$21,607,462
D.	Total Funding Requirements – \$5,415,407
	Includes \$1,137,235 for EPSDT local match requirement of 5%.

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #:	C-01		Date _	9/15/05
Program Work Plan Name:	Children's Full Service Partnerships		Page _	
Type of Funding:	FSP; Medi-cal; State General Fund		Months of Operation	12
Propo	sed Total Clients Capacity of Program/Services:	1,534	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Canacity	of Program/Services Expanded through MHSA	1 534	Telephone Number	(213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
Clinical Psychologist II			20.00		
Community Worker			40.00		
Intermediate Typist Clerk			80.00		
MH Clinical Program Head			1.00		
Medical Case Worker II			40.00		
Mental Health Analyst I			2.00		
Mental Health Counselor, RN			20.00		
Mental Health Services Coordinator II			40.00		
Psychiatric Social Worker II			40.00		
Secretary III			1.00		
Sr Community MH Psychologist			20.00		
Staff Assistant I			1.00		
Staff Assistant II			20.00		
Supvg Psychiatric Social Worker			20.00		
	Total New Additional Positions		345.00		\$ -
C. Total Progam Positions		0.00	345.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies):	LOS ANGELES		Fiscal Year:	2005-2006
Program Work Plan #:	C-02		Date	9/15/05
Program Work Plan Name:	Family Support Services		Page	
Type of Funding:	FSP		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	625	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client	Capacity of Program/Services Expanded through MHSA:	625	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing					
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	_
iv. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	\$ -		\$ -	\$	_
2. Personnel Expenditures	Ť	Ť	†	Ť	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	_
c. Employee Benefits	_			\$	_
d. Total Personnel Expenditures	\$ -	 \$ -	\$ <u>-</u>	\$	_
<u>'</u>	<u>-</u>	<u>-</u>		+	<u> </u>
Operating Expenditures a. Professional Services				\$	
				1	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures					
e. Rent, Utilities, and Equipment					
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures		\$ -			
4. Program Management				1.	
a. Existing Program Management				\$	-
b. New Program Management			1.	\$	-
d. Total Program Management		\$ -	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	1,750,000
6. Total Proposed Program Budget	\$ -	\$ -	-	\$	1,750,000
B. Revenue					
Existing Revenue					
a. Medi-Cal (FFP only)	-			\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	=
b. Medicare/Patient Fees/Patient Insurance				\$	=
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total New Revenues	\$ -		\$ <u>-</u>	\$	_
3. Total Revenues	\$ -	\$ -	\$ -	\$	_
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	_
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	1,750,000
D. Total Landing Nequilements	<u> </u>	- Ψ	- Ψ	Ψ	1,730,000

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$1,750,000 will cover the cost of 24.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$1,750,000
D.	Total Funding Requirements: \$1,750,000

County(ies):	LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #:	C-02		Date _	9/15/05
Program Work Plan Name:	Family Support Services		Page _	
Type of Funding:	FSP		Months of Operation	6
Propo	sed Total Clients Capacity of Program/Services:	625	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Canacity	of Program/Services Expanded through MHSA:	625	Telephone Number	(213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	_	0.00		\$ - \$ -
B. New Additional Positions	Total Current Existing Positions	-	0.00		-
Community Worker			4.00		
Intermediate Typist Clerk			4.00		
Psychiatric Social Worker II			8.00		
Substance Abuse Counselor			4.00		
Supvg. Psychiatric Social Worker			4.00		
Jap 19. 1 Systillario Gosiai Frente.					
	Total New Additional Positions		24.00		\$ -
C. Total Progam Positions		0.00	24.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): LC	OS ANGELES		Fiscal Year:	2006-2007
Program Work Plan #: C-	-02		Date	9/15/05
Program Work Plan Name: Fa	amily Support Services		Page	
Type of Funding: FS	SP		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	1,250	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by:	Elise Fierman
Client C	capacity of Program/Services Expanded through MHSA:	1,250	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	-	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	_			\$ -
d. Total Personnel Expenditures	-	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures		\$ -	\$ -	
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 3,500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 3,500,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	-			\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	-	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total New Revenues	\$ -	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 3,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				100%

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$3,500,000 will cover the cost of 48.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$3,500,000
D.	Total Funding Requirements: \$3,500,000

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: C-02	•	Date	9/15/05
Program Work Plan Name: Family Support Services		Page _	
Type of Funding: FSP		Months of Operation	12
Proposed Total Clients Capacity of Program/Services:	1,250	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Canacity of Program/Services Expanded through MHSA:	1 250	Telephone Number	(213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
Community Worker			8.00		
Intermediate Typist Clerk Psychiatric Social Worker II			8.00 16.00		
Substance Abuse Counselor			8.00		
Supvg. Psychiatric Social Worker			8.00		
Supvig. 1 Systillatilis Social Violitici			0.00		
	Total New Additional Positions	0.00	48.00		
C. Total Progam Positions	Total New Additional Positions	0.00	48.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES	_	Fiscal Year: _	2007-2008
Program Work Plan #: C-02	_	Date_	9/15/05
Program Work Plan Name: Family Support Services	_	Page _	
Type of Funding: FSP		Months of Operation	12
Proposed Total Clients Capacity of Program/Service	s: 1,250	New Program/Services or Expansion	New
Existing Client Capacity of Program/Service	s:	Prepared by:	Elise Fierman
Client Capacity of Program/Services Expanded through MHS	A: 1,250	Telephone Number:	(213) 351-8904

	County Mer Health Departmer		Other Government Agencies		Community lental Health Contract Providers		Total
A. Expenditures							
Client, Family Member and Caregiver Support Expenditures							
a. Clothing, Food and Hygiene						\$	=
b. Travel and Transportation						\$	-
c. Housing						'	
i. Master Leases						\$	_
ii. Subsidies						\$	_
iii. Vouchers						\$	-
iv. Other Housing						\$	_
d. Employment and Education Supports						\$	_
e. Other Support Expenditures (provide description in budget narrative)						\$	_
f. Total Support Expenditures	 \$	_	\$ -	\$	_	\$	_
2. Personnel Expenditures	ΙΨ		-	+	-	+	<u>-</u>
						•	
a. Current Existing Personnel Expenditures (from Staffing Detail)						\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)						\$	=
c. Employee Benefits	_	-		_		\$	=
d. Total Personnel Expenditures	\$	-	\$ -	- \$	-	\$	-
3. Operating Expenditures							
a. Professional Services						\$	=
b. Translation and Interpreter Services						\$	=
c. Travel and Transportation							
d. General Office Expenditures							
e. Rent, Utilities, and Equipment							
f. Medication and Medical Supplies						\$	=
g. Other Operating Expenses (provide description in budget narrative)							
h. Total Operating Expenditures			\$ -	\$	-		
4. Program Management							
a. Existing Program Management						\$	-
b. New Program Management						\$	-
d. Total Program Management			\$ -	\$	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	-				\$	3,500,000
6. Total Proposed Program Budget	\$	-	\$ -	\$	-	\$	3,500,000
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)		-				\$	-
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. Realignment						\$	=
d. State General Funds						\$	_
e. County Funds						\$	_
f. Grants						\$	-
g. Other Revenue						\$	-
	 \$	_	\$ -	\$	<u>-</u>	\$	_
i. iolai Exisuno Revenues	1 *] -	"		*	
h. Total Existing Revenues 2. New Revenue							
2. New Revenue						\$	_
2. New Revenue a. Medi-Cal (FFP only)						\$	-
New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance						\$	-
2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds						\$ \$	- - -
2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue	6		·	•		\$ \$ \$	- - -
2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenues	\$	-	\$ -	\$	-	\$ \$ \$	- - - -
2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenues 3. Total Revenues	\$	- -	\$ -	\$	-	\$ \$ \$ \$	- - - - -
2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenues	1	- -		- 1	- - -	\$ \$ \$	- - - - - - 3,500,000

FAMILY SUPPORT SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$3,500,000 will cover the cost of 48.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$3,500,000
D.	Total Funding Requirements: \$3,500,000

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #:	C-02		Date _	9/15/05
Program Work Plan Name:	Family Support Services		Page _	
Type of Funding:	FSP		Months of Operation	12
Propo	sed Total Clients Capacity of Program/Services:	1,250	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by: _	Elise Fierman
Client Canacity	of Program/Services Expanded through MHSA:	1 250	Telenhone Number	(213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					э -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
			0.00		\$ -
B. New Additional Positions	Total Current Existing Positions	-	0.00		\$ -
Community Worker			8.00		
Intermediate Typist Clerk			8.00		
Psychiatric Social Worker II			16.00		
Substance Abuse Counselor			8.00		
Supvg. Psychiatric Social Worker			8.00		
					\$ -
					\$ -
	Total New Additional Positions	0.00	48.00		\$ -
C. Total Progam Positions	- Johnson	0.00	48.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies):	LOS ANGELES		Fiscal Year:	2005-2006
Program Work Plan #:	C-03		Date	9/15/05
Program Work Plan Name:	Integrated Mental Health/Co-Occurring Disorders Services	•	Page	
Type of Funding:	SD		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	225	New Program/Services or Expansion	New Program
	Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Clien	t Capacity of Program/Services Expanded through MHSA:	225	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	-
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iv. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	 \$ -	\$ -		\$	_
Personnel Expenditures	<u>-</u>	<u>-</u>	- П	Ι Ψ	
				,	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ \$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				1	-
c. Employee Benefits	-			\$	-
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$	-
3. Operating Expenditures				١.	
a. Professional Services				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	750,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	750,000
8. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)	_			\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	_
g. Other Revenue				\$	
C .	\$ -	\$ -	e	\$	
h. Total Existing Revenues 2. New Revenue				"	-
a. Medi-Cal (FFP only)				\$	=
b. Medicare/Patient Fees/Patient Insurance				\$	=
c. State General Funds				\$	-
d. Other Revenue			_	\$	-
e. Total New Revenues	-	-	-	\$	-
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
		1 4	1 6	1 🔥	
. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-

INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$750,000 will cover the cost of 9.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$750,000
D.	Total Funding Requirements: \$750,000

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: C-03		Date _	9/15/05
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Ser	vices	Page _	
Type of Funding: SD		Months of Operation	6
Proposed Total Clients Capacity of Program/Services:	225	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Capacity of Program/Services Expanded through MHSA:	225	Telephone Number:	(213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
	Total Current Existing Positions	_	0.00		\$ - \$ -
B. New Additional Positions Mental Health Counselor, RN Substance Abuse Counselor Community Worker Psychiatric Social Worker II Clinical Psychologist II Medical Case Worker II Senior Community MH Psychologist Supervising Psychiatric Social Worker Intermediate Typist-Clerk Staff Assistant			0.50 1.50 1.00 2.00 0.50 1.00 0.50 0.50 1.00 0.50		
	Total New Additional Positions	0.00	9.00		\$ -
C. Total Progam Positions		0.00	9.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES			Fiscal Year: _	2006-2007
Program Work Plan #: C-03			Date_	9/15/05
Program Work Plan Name: Integrated Mental Health/Co-Occurring	Disorders Services		Page_	
Type of Funding: SD			Months of Operation _	12
Proposed Total Clients Capacity of	Program/Services:	724	New Program/Services or Expansion	New
Existing Client Capacity of	Program/Services:		Prepared by:	Elise Fierman
Client Capacity of Program/Services Expand	ed through MHSA:	724	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	-
iii. Vouchers				\$	_
iv. Other Housing				\$	-
d. Employment and Education Supports				\$	-
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	-		\$ -	\$	_
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	_
c. Employee Benefits				\$	_
d. Total Personnel Expenditures	-	-	-	\$	_
3. Operating Expenditures	·	·		<u> </u>	
a. Professional Services				\$	_
b. Translation and Interpreter Services				\$	_
c. Travel and Transportation				\$	_
d. General Office Expenditures				\$	_
e. Rent, Utilities, and Equipment				\$	_
f. Medication and Medical Supplies				\$	_
g. Other Operating Expenses (provide description in budget narrative)				\$	_
h. Total Operating Expenditures	\$ -		s	l s	_
4. Program Management	•		,		
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	1,500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	1,500,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)	<u>-</u>			\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
2. New Revenue		1			
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total New Revenues			-	\$	-
3. Total Revenues	\$ -	\$ -	\$ -	\$	
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	1,500,000
ECIPEFcentage of Total Funding Requirements for Full Service Partnerships					80%

INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$1,500,000 will cover the cost of 18.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$1,500,000
D.	Total Funding Requirements: \$1,500,000

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: C-03		Date _	9/15/05
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders S	Services	Page _	
Type of Funding: SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	724	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Capacity of Program/Services Expanded through MHSA:	724	Telephone Number:	(213) 351-8904

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ - \$ - \$ - \$ - \$ 5 - \$
	Total Current Existing Positions	_	0.00		\$ - \$ -
B. New Additional Positions Mental Health Counselor, RN Substance Abuse Counselor Community Worker Psychiatric Social Worker II Clinical Psychologist II Medical Case Worker II Senior Community MH Psychologist Supervising Psychiatric Social Worker Intermediate Typist-Clerk Staff Assistant			1.00 3.00 2.00 4.00 1.00 2.00 1.00 2.00 1.00		
	Total New Additional Positions		18.00		\$ -
C. Total Progam Positions		0.00	18.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #:	C-03		Date _	9/15/05
Program Work Plan Name:	Integrated Mental Health/Co-Occurring Disorders Services		Page_	
Type of Funding:	SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	724	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Clier	nt Capacity of Program/Services Expanded through MHSA:	724	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				- \$
c. Housing				
i. Master Leases				- \$
ii. Subsidies				- \$
iii. Vouchers				\$ -
iv. Other Housing				\$ -
d. Employment and Education Supports				- \$
e. Other Support Expenditures (provide description in budget narrative)				- \$
f. Total Support Expenditures	\$ -	\$ -	\$ -	- \$
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				- \$
b. New Additional Personnel Expenditures (from Staffing Detail)				- \$
c. Employee Benefits				- \$
d. Total Personnel Expenditures	-	\$ -		- \$
3. Operating Expenditures				
a. Professional Services				- \$
b. Translation and Interpreter Services				- \$
c. Travel and Transportation				
d. General Office Expenditures				- \$
e. Rent, Utilities, and Equipment				- \$
f. Medication and Medical Supplies				- \$
g. Other Operating Expenses (provide description in budget narrative)				- \$
h. Total Operating Expenditures	- ·	s -	-	- \$
4. Program Management				
a. Existing Program Management				- \$
b. New Program Management				- \$
d. Total Program Management		\$ -	-	- \$
Estimated Total Expenditures when service provider is not known	\$ -			\$ 1,500,0
6. Total Proposed Program Budget	\$ -	\$ -	-	\$ 1,500,0
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)	_			- \$
b. Medicare/Patient Fees/Patient Insurance				- \$
c. Realignment				- \$
d. State General Funds				- \$
e. County Funds				- \$
f. Grants				-
g. Other Revenue				\$ -
h. Total Existing Revenues	s -	\$ <u>-</u>		\$ -
2. New Revenue]]*]] *
a. Medi-Cal (FFP only)				 \$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ - \$ -
d. Other Revenue				· .
		¢		-
e. Total New Revenues		\$ -	\$ -	-
3. Total Revenues		\$ - \$ -	\$ -	\$ - \$ -
C One Time CCC Franking Francokitans				
C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$ - \$ -	\$ -	\$ -	\$ 1,500,0

INTEGRATED MENTAL HEALTH/CO-OCCURRING DISORDERS SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures (when service provider is not known):
	\$1,500,000 will cover the cost of 18.0 FTE new additional positions.
A.6.	Total Proposed Program Budget: \$1,500,000
D.	Total Funding Requirements: \$1,500,000

County(ies): LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #: C-03		Date _	9/15/05
Program Work Plan Name: Integrated Mental Health/Co-Occurring Disorders Se	rvices	Page _	
Type of Funding: SD		Months of Operation	12
Proposed Total Clients Capacity of Program/Services:	724	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Capacity of Program/Services Expanded through MHSA:	724	Telephone Number:	(213) 351-8904

				Salary, Wages	Total Salaries,
Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	and Overtime per	Wages and Overtime
A. Current Existing Positions					
_					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
D N A L W L D W	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions			4.00		
Mental Health Counselor, RN			1.00		
Substance Abuse Counselor Community Worker			3.00 2.00		
			4.00		
Psychiatric Social Worker II Clinical Psychologist II			1.00		
Medical Case Worker II			2.00		
Senior Community MH Psychologist			1.00		
Supervising Psychiatric Social Worker			1.00		
Intermediate Typist-Clerk			2.00		
Staff Assistant			1.00		
Stall Assistant			1.00		
	Total New Additional Positions	0.00	18.00		\$ -
C. Total Progam Positions		0.00	18.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: C-04		Date	9/15/05
Program Work Plan Name: Family Crisis Services: Respite Care		Page	
Type of Funding: FSP; SD		Months of Operation	6
Proposed Total Clients Capacity of Program/Services:	260	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Capacity of Program/Services Expanded through MHSA:	260	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iv. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	- s	\$ <u>-</u>	\$ <u>-</u>	\$	_
2. Personnel Expenditures	-			+*	=
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	=
				1	-
c. Employee Benefits	<u>-</u>			\$	-
d. Total Personnel Expenditures	\$ -	\$ -		\$	-
3. Operating Expenditures					
a. Professional Services				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	=
h. Total Operating Expenditures	\$ -	\$ -	-	\$	-
4. Program Management					
a. Existing Program Management				\$	=
b. New Program Management				\$	-
d. Total Program Management		\$ -	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	250,000
Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	250,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)	-			\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	_
h. Total Existing Revenues	-	-	-	\$	_
2. New Revenue	`	Ţ	'	`	
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. State General Funds				\$	_
d. Other Revenue				\$	- -
e. Total New Revenues		•	¢	\$	-
	\$ -	\$ -		1 '	=
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements		\$ -	-	 \$	250,000

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2005-2006

A.5. Estimated Total Expenditures (when service provider is not known): \$250,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs. A.6. Total Proposed Program Budget: \$250,000 D. Total Funding Requirements: \$250,000

County(ies): LOS ANGELES			Fiscal Year: _	2006-2007
Program Work Plan #: C-04			Date	9/15/05
Program Work Plan Name: Family Crisis Services: Respite Care			Page _	
Type of Funding: FSP; SD			Months of Operation _	12
Proposed Total Clients Capacity of Progr	am/Services:	520	New Program/Services or Expansion	New
Existing Client Capacity of Progr	am/Services:		Prepared by:	Elise Fierman
Client Capacity of Program/Services Expanded the	ough MHSA:	520	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing					
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	-
iv. Other Housing				\$	-
d. Employment and Education Supports				\$	-
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	-	\$ -	\$ -	\$	-
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits				\$	-
d. Total Personnel Expenditures	-	\$ -	\$ -	\$	-
3. Operating Expenditures					
a. Professional Services				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures		-	-	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	500,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)	_			\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	_
g. Other Revenue				\$	-
h. Total Existing Revenues	-		-	\$	_
2. New Revenue			·	'	
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. State General Funds				\$	_
d. Other Revenue				s s	_
e. Total New Revenues		\$ -		\$	_
3. Total Revenues	-	\$ -	\$ -	\$	_
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships	T.	1 7	1.*	Ť	80%

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2006-2007

A.5. Estimated Total Expenditures (when service provider is not known): \$500,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs. A.6. Total Proposed Program Budget: \$500,000 D. Total Funding Requirements: \$500,000

County(ies): LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #: C-04		Date _	9/15/05
Program Work Plan Name: Family Crisis Services: Respite Care		Page _	
Type of Funding: FSP; SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	520	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Elise Fierman
Client Capacity of Program/Services Expanded through MHSA:	520	Telephone Number:	(213) 351-8904

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	=
b. Travel and Transportation				\$	-
c. Housing					
i. Master Leases				\$	-
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iv. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures		\$ -		\$	_
··	<u>-</u>	-	<u>-</u>	+Ψ	-
Personnel Expenditures Current Existing Personnel Expenditures (from Staffing Petail)					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	=
c. Employee Benefits				\$	=
d. Total Personnel Expenditures	\$ -	\$ -	-	\$	-
3. Operating Expenditures					
a. Professional Services				\$	=
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	500,000
Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	500,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)	-			\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	_
g. Other Revenue				\$	=
h. Total Existing Revenues	s <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$	=
2. New Revenue	<u> </u>	*	*	"	-
a. Medi-Cal (FFP only)				\$	=
b. Medicare/Patient Fees/Patient Insurance				\$	=
c. State General Funds				\$	-
d. Other Revenue				\$	-
		\$ -	-	\$	-
e. Total New Revenues					
3. Total Revenues		\$ -		\$	
	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$	500,000

FAMILY CRISIS SERVICES: RESPITE CARE

Budget Narrative - FY 2007-2008

A.5. Estimated Total Expenditures (when service provider is not known): \$500,000 will cover the cost of respite care services for eligible families enrolled in Full Service Partnership Programs. A.6. Total Proposed Program Budget: \$500,000 D. Total Funding Requirements: \$500,000

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: T-01		Date_	9/16/05
Program Work Plan Name: TAY Full-Service Partnerships		Page_	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	6
Proposed Total Clients Capacity of Program/Services:	207	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by: _	Cora Fullmore
Client Capacity of Program/Services Expanded through MHSA:	207	Telephone Number:	(213) 738-4851

	County Menta Health Department	Go	Other vernment gencies	Men C	mmunity tal Health ontract oviders		Total
A. Expenditures							
1. Client, Family Member and Caregiver Support Expenditures							
a. Clothing, Food and Hygiene						\$	-
b. Travel and Transportation						\$	-
c. Housing							
i. Master Leases						\$	-
ii. Subsidies						\$	-
iii. Vouchers						\$	_
iV. Other Housing						\$	_
d. Employment and Education Supports						\$	_
e. Other Support Expenditures (provide description in budget narrative)						\$	_
f. Total Support Expenditures	\$ -	\$	_	\$	_	\$	_
2. Personnel Expenditures	Ψ	Ψ		+*		ΙΨ-	
a. Current Existing Personnel Expenditures (from Staffing Detail)						\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)						\$	-
c. Employee Benefits						\$	-
• •	s -	,		 \$		\$	=
d. Total Personnel Expenditures		\$	-	12	-	1 2	-
3. Operating Expenditures						_	
a. Professional Services						\$	-
b. Translation and Interpreter Services						\$	-
c. Travel and Transportation							
d. General Office Expenditures						\$	-
e. Rent, Utilities, and Equipment						\$	-
f. Medication and Medical Supplies						\$	-
 g. Other Operating Expenses (provide description in budget narrative) 						\$	-
h. Total Operating Expenditures	\$ -	\$	-	\$	-	\$	-
4. Program Management							
Existing Program Management						\$	-
b. New Program Management						\$	-
d. Total Program Management		\$	-	\$	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ 7,563,30	6				\$	7,563,306
6. Total Proposed Program Budget	\$ 7,563,30	6 \$	-	\$	-	\$	7,563,306
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)						\$	-
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. Realignment						\$	-
d. State General Funds						\$	-
e. County Funds						\$	-
f. Grants						\$	_
g. Other Revenue						\$	_
h. Total Existing Revenues	\$ -	\$	_	\$	_	\$	-
2. New Revenue	*	•		*		*	
a. Medi-Cal (FFP only)	4,204,64	3				\$	4,204,643
b. Medicare/Patient Fees/Patient Insurance	7,20-7,0-	-				\$.,_5-,0-70
c. State General Funds						\$	_
d. Other Revenue						\$	-
	4 204 2	2 6					4 204 040
e. Total Existing Revenues	\$ 4,204,64		=	\$	=	\$	4,204,643
3. Total Revenues	\$ 4,204,64		-	\$	-	\$	4,204,643
C. One-Time CSS Funding Expenditures	\$ -	\$	-	\$	=	\$	=
D. Total Funding Requirements	\$ 3,358,66	3 \$		\$		\$	3,358,663

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$7,563,306.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$4,204,643. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements – \$3,358,663

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: T-01		Date_	9/16/05
Program Work Plan Name: TAY Full-Service Partnerships		Page_	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	6
Proposed Total Clients Capacity of Program/Services:	207	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by: _	Cora Fullmore
Client Canacity of Program/Services Expanded through MHSA:	207	Telephone Number	(213) 738-4851

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
B. N. A.LIW B	Total Current Existing Positions	-	=		\$ -
B. New Additional Positions					Φ.
Mental Health Counselor, RN Community Worker			8.0		\$ - \$ -
Mental Health Psychiatrist			16.0 8.0		\$ -
Mental Health Services Coordinator II			8.0		\$ -
Psychiatric Social Worker II			16.0		\$ -
Clinical Psychologist II			8.0		\$ -
Medical Case Worker II			8.0		\$ -
Supervising Psychiatric Social Worker			8.0		\$ -
Intermediate Typist-Clerk			8.0		\$ -
Internediate Typist Glerk			0.0		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	_	88		\$ -
C. Total Progam Positions		-	88		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: T-01		Date_	9/16/05
Program Work Plan Name: TAY Full-Service Partnerships		Page_	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	828	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by: _	Cora Fullmore
Client Capacity of Program/Services Expanded through MHSA:	828	Telephone Number:	(213) 738-4851

	County Hea Depar	lth	Gove	her nment ncies	Men C	mmunity tal Health ontract oviders		Total
A. Expenditures								
1. Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	-
c. Housing								
i. Master Leases							\$	-
ii. Subsidies							\$	=
iii. Vouchers							\$	_
iV. Other Housing							\$	_
d. Employment and Education Supports							\$	-
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	Ψ		Ψ		1		+Ψ	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	=
								-
c. Employee Benefits							\$	-
d. Total Personnel Expenditures	\$	-	\$	-	\$	-	\$	-
3. Operating Expenditures								
a. Professional Services							\$	=
b. Translation and Interpreter Services							\$	=
c. Travel and Transportation								
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	=
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
Existing Program Management							\$	=
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	-	\$	
5. Estimated Total Expenditures when service provider is not known	\$ 15	126,612					\$	15,126,612
6. Total Proposed Program Budget	\$ 15	126,612	\$	-	\$	-	\$	15,126,612
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	_
e. County Funds							\$	_
f. Grants							\$	-
g. Other Revenue							\$	-
h. Total Existing Revenues	\$	_	\$	_	\$	_	\$	-
2. New Revenue	*		*		*		*	
a. Medi-Cal (FFP only)	Ω	409,286					\$	8,409,286
b. Medicare/Patient Fees/Patient Insurance		.00,200					\$	-
c. State General Funds							\$	-
d. Other Revenue							\$	-
		400.000	•					9.400.000
e. Total Existing Revenues		409,286	1	-	\$	-	\$	8,409,286
	\$ 8	409,286	\$	-	\$	-	\$	8,409,286
3. Total Revenues					Ι φ		1 &	
C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$	- 717,326	\$	-	\$	-	\$	6,717,326

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$15,126,612.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$8,409,286. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements – \$6,717,326

County(ies): LOS ANGELES			Fiscal Year: _	2006-2007
Program Work Plan #: _1	Т-01		Date	9/16/05
Program Work Plan Name:	TAY Full-Service Partnerships		Page	
Type of Funding: F	FSP; Medi-cal (FFP)		Months of Operation	12
Propo	sed Total Clients Capacity of Program/Services:	828	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Cora Fullmore
Client Capacity	of Program/Services Expanded through MHSA:	828	Telephone Number:	(213) 738-4851

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
A. Garrent Existing Fositions					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	·	ı		\$ -
B. New Additional Positions					
Mental Health Counselor, RN			8.0		\$ -
Community Worker			16.0		\$ -
Mental Health Psychiatrist			8.0		\$ -
Mental Health Services Coordinator II			8.0		\$ -
Psychiatric Social Worker II			16.0		\$ -
Clinical Psychologist II			8.0		\$ -
Medical Case Worker II			8.0		\$ -
Supervising Psychiatric Social Worker			8.0		\$ -
Intermediate Typist-Clerk			8.0		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	88		\$ -
C. Total Progam Positions		-	88		\$ -

 $[\]hbox{a/\ } {\sf Enter\ } {\sf the\ } {\sf number\ } {\sf of\ } {\sf FTE\ } {\sf positions\ } {\sf that\ } {\sf will\ } {\sf be\ } {\sf staffed\ } {\sf with\ } {\sf clients\ }, {\sf family\ } {\sf members\ }, {\sf or\ } {\sf caregivers\ }.$

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #: T-01		Date_	9/16/05
Program Work Plan Name: TAY Full-Service Partnerships		Page _	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	828	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by: _	Cora Fullmore
Client Capacity of Program/Services Expanded through MHSA:	828	Telephone Number:	(213) 738-4851

	County Hea Depar	lth	Gove	her nment ncies	Men C	mmunity tal Health ontract oviders		Total
A. Expenditures								
1. Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	-
c. Housing								
i. Master Leases							\$	-
ii. Subsidies							\$	=
iii. Vouchers							\$	_
iV. Other Housing							\$	_
d. Employment and Education Supports							\$	-
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	Ψ		Ψ		1		+Ψ	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	=
								-
c. Employee Benefits							\$	-
d. Total Personnel Expenditures	\$	-	\$	-	\$	-	\$	-
3. Operating Expenditures								
a. Professional Services							\$	=
b. Translation and Interpreter Services							\$	=
c. Travel and Transportation								
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	=
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
Existing Program Management							\$	=
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	-	\$	
5. Estimated Total Expenditures when service provider is not known	\$ 15	126,612					\$	15,126,612
6. Total Proposed Program Budget	\$ 15	126,612	\$	-	\$	-	\$	15,126,612
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	_
e. County Funds							\$	_
f. Grants							\$	-
g. Other Revenue							\$	-
h. Total Existing Revenues	\$	_	\$	_	\$	_	\$	-
2. New Revenue	*		*		*		*	
a. Medi-Cal (FFP only)	Ω	409,286					\$	8,409,286
b. Medicare/Patient Fees/Patient Insurance		.00,200					\$	-
c. State General Funds							\$	-
d. Other Revenue							\$	-
		400.000	•					9.400.000
e. Total Existing Revenues		409,286	1	-	\$	-	\$	8,409,286
	\$ 8	409,286	\$	-	\$	-	\$	8,409,286
3. Total Revenues					Ι φ		1 &	
C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$	- 717,326	\$	-	\$	-	\$	6,717,326

FULL SERVICE PARTNERSHIPS (TAY)

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$15,126,612.
A. 6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$8,409,286. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements – \$6,717,326

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #:	T-01		Date _	9/16/05
Program Work Plan Name:	TAY Full-Service Partnerships		Page_	
Type of Funding:	FSP; Medi-cal (FFP)		Months of Operation	12
Propo	sed Total Clients Capacity of Program/Services:	828	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Cora Fullmore
Client Capacity	of Program/Services Expanded through MHSA:	828	Telephone Number:	(213) 738-4851

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	=	=		\$ -
B. New Additional Positions					
Mental Health Counselor, RN			8.0		\$ -
Community Worker			16.0		\$ -
Mental Health Psychiatrist			8.0		\$ -
Mental Health Services Coordinator II			8.0		\$ -
Psychiatric Social Worker II			16.0		\$ -
Clinical Psychologist II			8.0		\$ -
Medical Case Worker II			8.0		\$ -
Supervising Psychiatric Social Worker			8.0		\$ -
Intermediate Typist-Clerk			8.0		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions		88		\$ -
C. Total Progam Positions		-	88		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies)	: Los Angeles		Fiscal Year:	FY 2005-2006
Program Work Plan #	: T-02		Date	9/15/05
Program Work Plan Name	: Drop-in Centers		Page	
Type of Funding	: FSP; SD		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	416	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Clie	nt Capacity of Program/Services Expanded through MHSA:	416	Telephone Number:	(213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				\$ -
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iV. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$ -
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)				\$ -
c. Employee Benefits	-			\$ -
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$ -
3. Operating Expenditures				
a. Professional Services (Consultation)				\$ -
b. Translation and Interpreter Services				\$ -
c. Travel and Transportation				\$ -
d. General Office Expenditures				\$ -
e. Rent, Utilities, and Equipment				\$ -
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)				\$ -
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$ -
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 250,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 250,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	-	\$ -	\$ -	\$ -
3. Total Revenues	\$ -	\$ -	\$ -	\$ <u>-</u>
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$ 250,000
E. Percentage of Total Funding Requirements for Full Service Partnerships				40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$250,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$250,000

County(ies):	Los Angeles		Fiscal Year: _	2005-2006
Program Work Plan #:	T-02		Date _	9/15/05
Program Work Plan Name:	Drop-in Centers		Page _	
Type of Funding:	FSP; SD		Months of Operation _	(
	Proposed Total Clients Capacity of Program/Services:	416	New Program/Services or Expansion _	Nev
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Client Ca	pacity of Program/Services Expanded through MHSA:	416	Telephone Number:	(213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
MH Services Coordinator I	Supervises staff during extended hours		1.50		\$ -
Psychiatric Social Worker I	Provides support to TAY during extended hours	4	2.00		\$ -
Security Guard	Security for extended hours of the Drop-in Center		1.00		\$ -
Recreational Therapist I	Provides support to TAY during extended hours		1.00		\$ -
1					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					•
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	4	5.50		÷ -
C. Total Brogam Besitions	Total New Additional Positions	4	5.50		- -
C. Total Progam Positions		4	5.50		Φ -

 $^{{\}it a/}\ \ {\it Enter}\ the\ number\ of\ {\it FTE}\ positions\ that\ will\ be\ staffed\ with\ clients,\ family\ members,\ or\ caregivers.$

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies): _	Los Angeles		Fiscal Year: _	FY 2006-2007
Program Work Plan #: _	T-02		Date _	9/15/05
Program Work Plan Name:	Drop-in Centers		Page_	
Type of Funding: _	FSP; SD		Months of Operation _	12
	Proposed Total Clients Capacity of Program/Services:	832	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services: _		Prepared by: _	D. Whitehead
Client	Capacity of Program/Services Expanded through MHSA:	832	Telephone Number:	(213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing				\$	_
i. Master Leases				\$	_
ii. Subsidies				\$	-
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
	\$ -	\$ -	s	\$	-
f. Total Support Expenditures	<u> </u>			1	
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	· ·			\$	=
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$	-
3. Operating Expenditures					
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	500,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				1 '	-
				\$ \$	-
g. Other Revenue				1 '	-
h. Total Existing Revenues	\$ -	-	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships					40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$500,000

County(ies):	Los Angeles		Fiscal Year: _	FY 2006-200
Program Work Plan #:	T-02		Date _	9/15/0
Program Work Plan Name:	Drop-in Centers		Page _	
Type of Funding:	FSP; SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	832	New Program/Services or Expansion _	Nev
	Existing Client Capacity of Program/Services:		Prepared by: _	D. Whitehead
Client Ca	pacity of Program/Services Expanded through MHSA:	832	Telephone Number:	(213) 738-285

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ <u>-</u>
	Total Current Existing Positions	_	_		\$ -
B. New Additional Positions					
MH Services Coordinator I	Supervises staff during extended hours		1.50		\$ -
Psychiatric Social Worker I	Provides support to TAY during extended hours	4	2.00		\$ -
Security Guard	Security for extended hours of the Drop-in Center		1.00		\$ -
Recreational Therapist I	Provides support to TAY during extended hours		1.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Tatal Nam Addition of Decisions		5.50		\$ - \$ -
C. Total Bragam Besitions	Total New Additional Positions	4	5.50		\$ - \$ -
C. Total Progam Positions		4	5.50		Ф -

 $[\]hbox{a/\ } {\sf Enter\ } {\sf the\ } {\sf number\ } {\sf of\ } {\sf FTE\ } {\sf positions\ } {\sf that\ } {\sf will\ } {\sf be\ } {\sf staffed\ } {\sf with\ } {\sf clients,\ } {\sf family\ } {\sf members,\ } {\sf or\ } {\sf caregivers.}$

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies): L	Los Angeles		Fiscal Year: _	FY 2007-2008
Program Work Plan #: _]	T-02		Date _	9/15/05
Program Work Plan Name: _[Drop-in Centers		Page_	
Type of Funding: <u>F</u>	FSP; SD		Months of Operation _	12
	Proposed Total Clients Capacity of Program/Services:	832	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by: _	D. Whitehead
Client	Capacity of Program/Services Expanded through MHSA:	832	Telephone Number:	(213) 738-2853
			· · · · · · · · · · · · · · · - · · · ·	

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing				\$	_
i. Master Leases				\$	_
ii. Subsidies				\$	-
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
	\$ -	\$ -	s	\$	-
f. Total Support Expenditures				1	
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	· ·			\$	=
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$	-
3. Operating Expenditures					
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	500,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				1 '	-
				\$ \$	-
g. Other Revenue				1 '	-
h. Total Existing Revenues	\$ -	-	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships					40%

TAY DROP-IN CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$500,000

County(ies):	Los Angeles		Fiscal Year: _	FY 2007-2008
Program Work Plan #:	T-02		Date_	9/15/05
Program Work Plan Name:	Drop-in Centers		Page _	
Type of Funding:	FSP; SD		Months of Operation _	12
F	Proposed Total Clients Capacity of Program/Services: _	832	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Client Cap	pacity of Program/Services Expanded through MHSA: _	832	Telephone Number: _	(213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ <u>-</u>
	Total Current Existing Positions	_	_		\$ -
B. New Additional Positions					
MH Services Coordinator I	Supervises staff during extended hours		1.50		\$ -
Psychiatric Social Worker I	Provides support to TAY during extended hours	4	2.00		\$ -
Security Guard	Security for extended hours of the Drop-in Center		1.00		\$ -
Recreational Therapist I	Provides support to TAY during extended hours		1.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Tatal Nam Addition of Decisions		5.50		\$ - \$ -
C. Total Bragam Besitions	Total New Additional Positions	4	5.50		\$ - \$ -
C. Total Progam Positions		4	5.50		Ф -

 $[\]hbox{a/\ } {\sf Enter\ } {\sf the\ } {\sf number\ } {\sf of\ } {\sf FTE\ } {\sf positions\ } {\sf that\ } {\sf will\ } {\sf be\ } {\sf staffed\ } {\sf with\ } {\sf clients,\ } {\sf family\ } {\sf members,\ } {\sf or\ } {\sf caregivers.}$

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies): Los Angeles Fiscal Yea	r: <u>FY 2005-2006</u>
Program Work Plan #: T-03	e9/15/05
Program Work Plan Name: TAY Housing Services Page	e
Type of Funding: FSP; SD Months of Operation	n6
Proposed Total Clients Capacity of Program/Services: 432 New Program/Services or Expansion	nNew
Existing Client Capacity of Program/Services: Prepared b	: D. Whitehead
Client Capacity of Program/Services Expanded through MHSA: 432 Telephone Number	: (213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total	I
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	_
b. Travel and Transportation				\$	_
c. Housing				\$	_
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	\$ -			\$	_
2. Personnel Expenditures			<u>-</u>	Ψ	
				\$	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	<u>-</u>			1	-
d. Total Personnel Expenditures		\$ -		\$	-
3. Operating Expenditures					
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ 78	87,500
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$ 78	87,500
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	_
g. Other Revenue				\$	_
h. Total Existing Revenues			\$ -	\$	_
2. New Revenue				ļ .	
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. State General Funds				\$	_
d. Other Revenue				\$	_
e. Total Existing Revenues	\$ <u>-</u>	\$ -	\$ <u>-</u>	\$	
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	
D. Total Funding Requirements	\$ -	\$ -	\$ -		- 87,500
			I .n		

TAY HOUSING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$787,500.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$787,500.

County(ies)	Los Angeles		Fiscal Year:	FY 2005-2006
Program Work Plan #	: T-03		Date	9/15/05
Program Work Plan Name	: TAY Housing Services		Page _	
Type of Funding	: FSP; SD		Months of Operation	6
Pr	oposed Total Clients Capacity of Program/Services:	432	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Client Capa	city of Program/Services Expanded through MHSA:	432	Telephone Number:	(213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Housing Specialist					
a. Medical Case Worker II	Housing Specialist	3.00	8.00		
b. MH Services Coordinator I	Housing Specialist		1.00		
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions		9		\$ -
C. Total Progam Positions		3	9		\$ -

 $^{{\}it a/}\ \ {\it Enter}\ the\ number\ of\ {\it FTE}\ positions\ that\ will\ be\ staffed\ with\ clients,\ family\ members,\ or\ caregivers.$

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies)	Los Angeles		Fiscal Year: _	2006-2007
Program Work Plan #	T-03		Date _	9/15/05
Program Work Plan Name	TAY Housing Services		Page _	
Type of Funding	FSP; SD		Months of Operation _	12
	Proposed Total Clients Capacity of Program/Services:	864	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services: _		Prepared by: _	D. Whitehead
Clier	nt Capacity of Program/Services Expanded through MHSA:	864	Telephone Number:	(213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	=
b. Travel and Transportation				\$	-
c. Housing				\$	-
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
	s -	\$	 \$	\$	- -
f. Total Support Expenditures	<u> - </u>	ф <u>-</u>	<u> </u>	1-2	-
2. Personnel Expenditures				_	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	=
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	=
c. Employee Benefits	-			\$	-
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$	-
3. Operating Expenditures				١.	
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	=
g. Other Operating Expenses (provide description in budget narrative)				\$	=
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	1,575,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	1,575,000
B. Revenue		· ·			
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				1.	-
				\$	-
g. Other Revenue			•	1 '	-
h. Total Existing Revenues	-	-	-	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total Existing Revenues	-	\$ -	-	\$	=
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	1,575,000
E. Percentage of Total Funding Requirements for Full Service Partnerships					50%

TAY HOUSING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,575,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements –\$1,575,000.

County(ies)	: Los Angeles		Fiscal Year: _	FY 2006-2007
Program Work Plan #	: T-03		Date _	9/15/05
Program Work Plan Name	: TAY Housing Services		Page _	
Type of Funding	: FSP; SD		Months of Operation _	12
Р	roposed Total Clients Capacity of Program/Services: _	864	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Client Capa	acity of Program/Services Expanded through MHSA:	864	Telephone Number:	(213) 738-2853

	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
	Total Current Existing Positions	_	_		\$ -
B. New Additional Positions	· · ·				
Housing Specialist					
a. Medical Case Worker II	Housing Specialist	3.00	8.00		
b. MH Services Coordinator I	Housing Specialist		1.00		
					\$ -
					\$ -
					\$ -
	T-4-IN: Address D W				\$ -
C. Total Progam Positions	Total New Additional Positions	3	9		\$ - \$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies):	Los Angeles		Fiscal Year: _	2007-2008
Program Work Plan #:	T-03		Date _	9/15/05
Program Work Plan Name:	TAY Housing Services		Page _	
Type of Funding:	FSP; SD		Months of Operation _	12
	Proposed Total Clients Capacity of Program/Services:	864	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services: _		Prepared by: _	D. Whitehead
Clien	t Capacity of Program/Services Expanded through MHSA: _	864	Telephone Number:	(213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	=
b. Travel and Transportation				\$	-
c. Housing				\$	-
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
	s -	\$	 \$	\$	- -
f. Total Support Expenditures	<u> - </u>	ф <u>-</u>	<u> </u>	1 2	-
2. Personnel Expenditures				_	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	=
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	=
c. Employee Benefits	-			\$	-
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$	-
3. Operating Expenditures				١.	
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	=
g. Other Operating Expenses (provide description in budget narrative)				\$	=
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	1,575,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	1,575,000
B. Revenue		· ·			
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				1.	-
				\$	-
g. Other Revenue			•	1 '	-
h. Total Existing Revenues	-	-	-	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total Existing Revenues	-	\$ -	-	\$	=
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	1,575,000
E. Percentage of Total Funding Requirements for Full Service Partnerships					50%

TAY HOUSING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,575,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,575,000.

County(ies)	: Los Angeles		Fiscal Year: _	2007-2008
Program Work Plan #	: T-03		Date _	9/15/05
Program Work Plan Name	: TAY Housing Services		Page _	
Type of Funding	: FSP; SD		Months of Operation _	12
Р	roposed Total Clients Capacity of Program/Services:	864	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Client Capa	acity of Program/Services Expanded through MHSA:	864	Telephone Number:	(213) 738-2853

	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
	Total Current Existing Positions	_	_		\$ -
B. New Additional Positions	· ·				
Housing Specialist					
a. Medical Case Worker II	Housing Specialist	3.00	8.00		
b. MH Services Coordinator I	Housing Specialist		1.00		
					\$ -
					\$ -
					\$ -
	T-4-IN: Address D W				\$ -
C. Total Progam Positions	Total New Additional Positions	3	9		\$ - \$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies):	Los Angeles		Fiscal Year:	Year 1
Program Work Plan #:	T-04		Date	9/15/05
Program Work Plan Name:	TAY Probation Programs		Page	
Type of Funding:	FSP; SD		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:		New Program/Services or Expansion	New Program
	Existing Client Capacity of Program/Services: _		Prepared by:	D. Whitehead
Clien	t Capacity of Program/Services Expanded through MHSA:	52	Telephone Number:	(213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing				\$	-
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	-
iV. Other Housing				\$	-
d. Employment and Education Supports				\$	-
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	\$ -	\$ -	- \$	\$	-
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	-			\$	-
d. Total Personnel Expenditures	-	\$ -		\$	-
3. Operating Expenditures					
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	=
d. General Office Expenditures				\$	=
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures		-	-	\$	-
4. Program Management					
a. Existing Program Management				\$	=
b. New Program Management				\$	-
d. Total Program Management		\$ -		\$	=
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	750,000
6. Total Proposed Program Budget	\$ -	\$ -	- \$	\$	750,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	=
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	-		-	\$	-
2. New Revenue				Ι΄.	
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	_
d. Other Revenue				\$	_
e. Total Existing Revenues	- S	\$ <u>-</u>	\$ -	\$	_
3. Total Revenues	\$ -	\$ -	\$ -	\$	_
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	750,000
E. Percentage of Total Funding Requirements for Full Service Partnerships	<u> </u>	1 7	L ₹		. 50,000

TAY PROBATION PROGRAMS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$750,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$750,000.

County(ies):	Los Angeles		Fiscal Year: _	Year '
Program Work Plan #:			Date _	9/15/05
Program Work Plan Name:	TAY Probation Programs		Page _	1 of 2
Type of Funding:	Mental Health Services Act Funding		Months of Operation _	
Pr	oposed Total Clients Capacity of Program/Services: _	120	New Program/Services or Expansion _	
	Existing Client Capacity of Program/Services:	<u>-</u>	Prepared by: _	D. Whitehead
Client Capa	city of Program/Services Expanded through MHSA:	120	Telephone Number:	(213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Probation					
Mental Health Psychiatrist			1.00		\$ -
Community MH Psychologist			2.00		\$ -
MH Counselor, RN			1.00		\$ -
Psychiatric Social Worker II		1	3.00		\$ -
Sr. Community Worker II		6	6.00		\$ -
Intermediate Typist-Clerk			2.00		\$ -
					\$ -
					*
					\$ -
					\$ -
					\$ - \$ -
					\$ -
	Total New Additional Positions	7	15		\$ -
C. Total Progam Positions	Total New Additional Positions	7	15		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies)	: Los Angeles		Fiscal Year:	Year 2
Program Work Plan #	: T-04		Date	9/15/05
Program Work Plan Name	: TAY Probation Programs		Page	
Type of Funding	: FSP; SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	=	New Program/Services or Expansion	New Program
	Existing Client Capacity of Program/Services: _	-	Prepared by:	D. Whitehead
Clie	nt Capacity of Program/Services Expanded through MHSA: _	208	Telephone Number:	(213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing				\$	-
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	-
iV. Other Housing				\$	-
d. Employment and Education Supports				\$	-
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	- \$	\$ -	\$ -	\$	-
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	<u>-</u>			\$	-
d. Total Personnel Expenditures	- \$	\$ -		\$	=
3. Operating Expenditures					
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	=
d. General Office Expenditures				\$	=
e. Rent, Utilities, and Equipment				\$	_
f. Medication and Medical Supplies				\$	_
g. Other Operating Expenses (provide description in budget narrative)				\$	_
h. Total Operating Expenditures	-	-	-	\$	_
4. Program Management					
a. Existing Program Management				\$	=
b. New Program Management				\$	_
d. Total Program Management		\$ -		\$	=
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	1,500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	1,500,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	=
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	_
g. Other Revenue				\$	_
h. Total Existing Revenues	s -	-	-	\$	_
2. New Revenue	'	1		Ĭ .	
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. State General Funds				\$	_
d. Other Revenue				\$	_
e. Total Existing Revenues		\$ <u>-</u>	\$ -	\$	_
3. Total Revenues	\$ -	\$ -	\$ -	\$	_
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships	-	1 7	1 7	-	.,550,550

TAY PROBATION PROGRAMS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements –\$1,500,000.

County(ies):	Los Angeles		Fiscal Year: _	Year '
Program Work Plan #:			Date _	9/15/05
Program Work Plan Name:	TAY Probation Programs		Page _	1 of 2
Type of Funding:	Mental Health Services Act Funding		Months of Operation	
Pr	oposed Total Clients Capacity of Program/Services:	350	New Program/Services or Expansion _	
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Client Capa	city of Program/Services Expanded through MHSA:	350	Telephone Number:	(213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Probation					
Mental Health Psychiatrist			1.00		\$ -
Community MH Psychologist			2.00		\$ -
MH Counselor, RN			1.00		\$ -
Psychiatric Social Worker II			3.00		\$ -
Sr. Community Worker II			6.00		\$ -
Intermediate Typist-Clerk			2.00		\$ -
					\$ -
					•
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	15		\$ - \$ -
C. Total Progam Positions	iotal New Additional Positions	-	15		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies)	: Los Angeles		Fiscal Year:	Year 3
Program Work Plan #	: T-04		Date	9/15/05
Program Work Plan Name	: TAY Probation Programs		Page	
Type of Funding	: FSP; SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:		New Program/Services or Expansion	New Program
	Existing Client Capacity of Program/Services:	-	Prepared by:	D. Whitehead
Clie	nt Capacity of Program/Services Expanded through MHSA:	208	Telephone Number:	(213) 738-2853

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing				\$	-
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	-
iV. Other Housing				\$	-
d. Employment and Education Supports				\$	-
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	- \$	\$ -	\$ -	\$	-
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	<u>-</u>			\$	-
d. Total Personnel Expenditures	- \$	\$ -		\$	=
3. Operating Expenditures					
a. Professional Services (Consultation)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	=
d. General Office Expenditures				\$	=
e. Rent, Utilities, and Equipment				\$	_
f. Medication and Medical Supplies				\$	_
g. Other Operating Expenses (provide description in budget narrative)				\$	_
h. Total Operating Expenditures	-	-	-	\$	_
4. Program Management					
a. Existing Program Management				\$	=
b. New Program Management				\$	_
d. Total Program Management		\$ -		\$	=
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	1,500,000
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	1,500,000
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	=
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	_
g. Other Revenue				\$	_
h. Total Existing Revenues	s -	-	-	\$	_
2. New Revenue	'	1		Ĭ .	
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. State General Funds				\$	_
d. Other Revenue				\$	_
e. Total Existing Revenues		\$ <u>-</u>	\$ -	\$	_
3. Total Revenues	\$ -	\$ -	\$ -	\$	_
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	1,500,000
E. Percentage of Total Funding Requirements for Full Service Partnerships	-	1 7	1 7	-	.,550,550

TAY PROBATION PROGRAMS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,500,000.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,500,000.

County(ies)	: Los Angeles		Fiscal Year: _	2007-2008
Program Work Plan #	: T-04		Date _	9/15/05
Program Work Plan Name	: TAY Probation Programs		Page _	
Type of Funding	: FSP; SD		Months of Operation _	12
Р	roposed Total Clients Capacity of Program/Services:	208	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by:	D. Whitehead
Client Capa	acity of Program/Services Expanded through MHSA:	208	Telephone Number:	(213) 738-2853

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Probation					
Mental Health Psychiatrist			1.00		\$ -
Community MH Psychologist			2.00		\$ -
MH Counselor, RN			1.00		\$ -
Psychiatric Social Worker II			3.00		\$ -
Sr. Community Worker II			6.00		\$ -
Intermediate Typist-Clerk			2.00		\$ -
					\$ -
					•
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	15		\$ - \$ -
C. Total Progam Positions	iotal New Additional Positions	-	15		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES COUNTY		Fiscal Year: _	2005-2006
Program Work Plan #: A-01		Date_	9/16/05
Program Work Plan Name: Adult Full-Service Partnerships		Page _	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	6
Proposed Total Clients Capacity of Program/Services:	441	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:		Prepared by: _	Maria Funk
Client Capacity of Program/Services Expanded through MHSA:	441	Telephone Number:	213-738-4385

		unty Mental Health Pepartment	Oth Govern Agen	nment	Ment Co	nmunity al Health ontract oviders		Total
A. Expenditures								
Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	=
b. Travel and Transportation							\$	=
c. Housing								
i. Master Leases							\$	_
ii. Subsidies							\$	_
iii. Vouchers							\$	_
iV. Other Housing							\$	_
d. Employment and Education Supports							\$	=
e. Other Support Expenditures (provide description in budget narrative)							\$	=
f. Total Support Expenditures	 \$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	+*-		Ψ	-	1	<u>'-</u> '	+*-	<u>-</u>
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$ \$	-
b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits	1						\$	-
	_		_		_		1 '	-
d. Total Personnel Expenditures	\$	-	\$	-	\$	-	\$	-
3. Operating Expenditures								
a. Professional Services							\$	-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation							١.	
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	=
b. New Program Management							\$	=
d. Total Program Management			\$	-	\$	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	19,459,500					\$	19,459,500
6. Total Proposed Program Budget	\$	19,459,500	\$	-	\$	-	\$	19,459,500
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	=
e. County Funds							\$	=
f. Grants							\$	-
g. Other Revenue							\$	-
h. Total Existing Revenues	\$	=	\$	-	\$	-	\$	-
2. New Revenue								
a. Medi-Cal (FFP only)		3,984,500					\$	3,984,500
b. Medicare/Patient Fees/Patient Insurance		•					\$	-
c. State General Funds							\$	_
d. Other Revenue							\$	_
e. Total Existing Revenues	\$	3,984,500	\$	_	\$	_	\$	3,984,500
3. Total Revenues	\$	3,984,500	\$	_	\$	_	\$	3,984,500
C. One-Time CSS Funding Expenditures	\$	-,- 2 .,000	\$	_	\$	_	\$	_,,
D. Total Funding Requirements	\$	15,475,000	\$	_	\$	_	\$	15,475,000
E. Percentage of Total Funding Requirements for Full Service Partnerships	Ť	. 5, 6,656	· *		, ¥		 	. 5, 5,550

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$19,459,500.
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$3,984,500. This number represents projected FFP revenue for 6 months.
D.	Total Funding Requirements - \$15,475,000.

County(ies): LOS ANGELES COUNTY		Fiscal Year: _	2005-2006
Program Work Plan #: A-01		Date_	9/16/05
Program Work Plan Name: Adult Full-Service Partnerships		Page _	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	6
Proposed Total Clients Capacity of Program/Services:	441	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:		Prepared by:	Maria Funk
Client Capacity of Program/Services Expanded through MHSA:	441	Telephone Number:	213-738-4385

		FTEs al	Total Number of FTEs	and Overtime per FTE ^{2/}	Wages and Overtime
A. Current Existing Positions					\$
	Total Current Eviating Positions	_			\$ - \$ -
B. New Additional Positions	Total Current Existing Positions	-	-		5 -
Mental Health Counselor, RN Mental Health Services Coordinator II Community Worker Mental Health Psychiatrist Psychiatric Social Worker II Clinical Psychologist II Medical Case Worker II Sennior Community MH Psychologist Supervising Psychiatric Social Worker Secretary I Intermediate Typist-Clerk Staff Assistant II		10	17.00 34.00 34.00 17.00 34.00 17.00 17.00 17.00 17.00 17.00		\$
C. Total Progam Positions	Total New Additional Positions	10 10	272.00 272.00		\$ - \$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies)	: LOS ANGELES COUNTY		Fiscal Year:	2006-2007
Program Work Plan #	: A-01		Date	9/16/05
Program Work Plan Name	: Adult Full-Service Partnerships		Page	
Type of Funding	: FSP; Medi-cal (FFP)		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	1766	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by:	Maria Funk
Clier	nt Capacity of Program/Services Expanded through MHSA: _	1766	Telephone Number:	213-738-4385

		ounty Mental Health Department	Other Governme Agencie		Community Mental Health Contract Providers	1	Total
A. Expenditures							
Client, Family Member and Caregiver Support Expenditures							
a. Clothing, Food and Hygiene						\$	_
b. Travel and Transportation						\$	-
c. Housing							
i. Master Leases						\$	_
ii. Subsidies						\$	_
iii. Vouchers						\$	_
iV. Other Housing						\$	_
d. Employment and Education Supports						\$	_
e. Other Support Expenditures (provide description in budget narrative)						\$	
	\$		\$	_	 \$ -	\$	- -
f. Total Support Expenditures	1	-	Ф	-		→	-
2. Personnel Expenditures							
a. Current Existing Personnel Expenditures (from Staffing Detail)	1					\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)	1				[\$	-
c. Employee Benefits	١.				l <u>.</u>	\$	-
d. Total Personnel Expenditures	\$	-	\$	-	\$ -	\$	-
3. Operating Expenditures							
a. Professional Services						\$	-
b. Translation and Interpreter Services						\$	-
c. Travel and Transportation							
d. General Office Expenditures						\$	-
e. Rent, Utilities, and Equipment						\$	=
f. Medication and Medical Supplies						\$	-
g. Other Operating Expenses (provide description in budget narrative)						\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$ -	\$	-
4. Program Management							
a. Existing Program Management						\$	-
b. New Program Management						\$	-
d. Total Program Management			\$	_	- \$	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	38,919,000				\$	38,919,000
6. Total Proposed Program Budget	\$	38,919,000	\$	-	-	\$	38,919,000
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)						\$	_
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. Realignment						\$	_
d. State General Funds						\$	_
e. County Funds						s	
f. Grants	1				[\$	_
	1				[\$	-
g. Other Revenue			·			1 '	-
h. Total Existing Revenues	\$	-	\$	-	- \$	\$	-
2. New Revenue	1	7 000 000			[_	7.000.000
a. Medi-Cal (FFP only)	1	7,969,000			[\$	7,969,000
b. Medicare/Patient Fees/Patient Insurance	1				[\$	-
c. State General Funds	1				[\$	-
d. Other Revenue	1				[\$	-
e. Total Existing Revenues	\$	7,969,000	\$	-	- \$	\$	7,969,000
3. Total Revenues	\$	7,969,000	\$	-	\$ -	\$	7,969,000
C. One-Time CSS Funding Expenditures	\$	-	\$	-	\$ -	\$	
D. Total Funding Requirements	\$	30,950,000	\$	-	\$ -	\$	30,950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships	П						

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$38,919,000
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$7,969,000. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - \$30,950,000.

County(ies): LOS ANGELES COUNTY		Fiscal Year: _	2006-2007	
Program Work Plan #: A-01		Date_	9/16/05	
Program Work Plan Name: Adult Full-Service Partnerships		Page_		
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	12	
Proposed Total Clients Capacity of Program/Services:	1766	New Program/Services or Expansion	New	
Existing Client Capacity of Program/Services:		Prepared by:	Maria Funk	
Client Canacity of Program/Services Expanded through MHSA:	1766	Telephone Number:	213-738-4385	

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	T. 10 (5:0 B W				\$ -
B. New Additional Positions	Total Current Existing Positions	-	-		\$ -
Mental Health Counselor, RN			17.00		\$ -
Mental Health Services Coordinator II			34.00		\$ -
Community Worker		10	34.00		\$ -
Mental Health Psychiatrist		10	17.00		\$ -
Psychiatric Social Worker II			34.00		\$ -
Clinical Psychologist II			17.00		\$ -
Medical Case Worker II			34.00		\$ -
Sennior Community MH Psychologist			17.00		\$ -
Supervising Psychiatric Social Worker			17.00		\$ -
Secretary I			17.00		\$ -
Intermediate Typist-Clerk			17.00		\$ -
Staff Assistant II			17.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	10	272.00		\$ -
C. Total Progam Positions		10	272.00		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies): LOS ANGELES COUNTY		Fiscal Year: _	2007-2008
Program Work Plan #: A-01		Date _	9/16/05
Program Work Plan Name: Adult Full-Service Partnerships		Page	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation	12
Proposed Total Clients Capacity of Program/Services:	1766	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Maria Funk
Client Capacity of Program/Services Expanded through MHSA:	1766	Telephone Number:	213-738-4385

		ounty Mental Health Department	Oth Govern Agen	ment	Men C	mmunity Ital Health Iontract Ioviders		Total
A. Expenditures								
Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	-
c. Housing								
i. Master Leases							\$	_
ii. Subsidies							\$	-
iii. Vouchers							\$	_
iV. Other Housing							\$	_
d. Employment and Education Supports							\$	-
e. Other Support Expenditures (provide description in budget narrative)							\$	-
f. Total Support Expenditures	\$	<u>-</u>	\$	_	\$	_	\$	_
2. Personnel Expenditures	Ť		,		<u> </u>		Ť	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	-
c. Employee Benefits							\$	-
d. Total Personnel Expenditures	 \$	_	\$	_	\$	_	\$	_
3. Operating Expenditures	╫		Ψ		+*─		ΙΨ-	
a. Professional Services							\$	
b. Translation and Interpreter Services							\$	_
c. Travel and Transportation							"	_
d. General Office Expenditures							\$	
'							1	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	_
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management			_				\$	-
d. Total Program Management			\$	-	\$	-	\$	
5. Estimated Total Expenditures when service provider is not known	\$	38,919,000					\$	38,919,000
6. Total Proposed Program Budget	\$	38,919,000	\$	-	\$	-	\$	38,919,000
B. Revenue								
1. Existing Revenue							١.	
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	-
e. County Funds							\$	-
f. Grants							\$	-
g. Other Revenue							\$	-
h. Total Existing Revenues	\$	-	\$	-	\$	-	\$	-
2. New Revenue								
a. Medi-Cal (FFP only)		7,969,000					\$	7,969,000
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. State General Funds							\$	=
d. Other Revenue							\$	-
e. Total Existing Revenues	\$	7,969,000	\$	-	\$	-	\$	7,969,000
3. Total Revenues	\$	7,969,000		-	\$	_	\$	7,969,000
C. One-Time CSS Funding Expenditures	\$	-	\$	-	\$	-	\$	-
D. Total Funding Requirements	\$	30,950,000		-	\$	-	\$	30,950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships								

ADULT FULL SERVICE PARTNERSHIPS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$38,919,000
A.6.	Total Program Budget – See Above
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$7,969,000. This number represents projected FFP revenue for 12 months.
D.	Total Funding Requirements - \$30,950,000.

County(ies): LOS ANGELES COUNTY		Fiscal Year: _	2007-2008
Program Work Plan #: A-01		Date_	9/16/05
Program Work Plan Name: Adult Full-Service Partnerships		Page _	
Type of Funding: FSP; Medi-cal (FFP)		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	1766	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Maria Funk
Client Capacity of Program/Services Expanded through MHSA:	1766	Telephone Number:	213-738-4385

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions Mental Health Counselor, RN Mental Health Services Coordinator II Community Worker Mental Health Psychiatrist Psychiatric Social Worker II Clinical Psychologist II Medical Case Worker II Sennior Community MH Psychologist Supervising Psychiatric Social Worker Secretary I Intermediate Typist-Clerk Staff Assistant II		10	17.00 34.00 34.00 17.00 34.00 17.00 17.00 17.00 17.00 17.00		\$
C. Total Progam Positions	Total New Additional Positions	10 10	272.00 272.00		\$ - \$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies)	LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #	A-02		Date	9/8/05
Program Work Plan Name	Wellness/Client-Run Centers		Page	
Type of Funding	FSP; SD; Medi-Cal (FFP)		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	700	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Michele Webber
Clier	nt Capacity of Program/Services Expanded through MHSA:	700	Telephone Number:	(562) 435-3027

		unty Mental Health epartment	Gov	Other rernment gencies	Ме	ommunity ental Health Contract Providers		Total
A. Expenditures								
1. Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	_
c. Housing								
i. Master Leases							\$	_
ii. Subsidies							\$	_
iii. Vouchers							\$	_
iv. Other Housing							\$	_
d. Employment and Education Supports							\$	_
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$		\$		\$		\$	_
· · · · · · · · · · · · · · · · · · ·	1 3	=	Ψ	-	1	-	Ψ	<u> </u>
2. Personnel Expenditures							_	
a. Current Existing Personnel Expenditures (from Staffing Detail)	1						\$	=
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	-
c. Employee Benefits	١.	=			١.		\$	-
d. Total Personnel Expenditures	\$	-	\$	-	\$	-	\$	-
3. Operating Expenditures								
a. Professional Services							\$	-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation							\$	-
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	_	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	1,125,000					\$	1,125,000
6. Total Proposed Program Budget	\$	1,125,000	\$	-	\$	-	\$	1,125,000
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	_
b. Medicare/Patient Fees/Patient Insurance							\$	_
c. Realignment							\$	_
d. State General Funds							\$	_
e. County Funds							\$	_
f. Grants							\$	
							\$	-
g. Other Revenue	,		<u></u>		_			=
h. Total Existing Revenues	\$	-	\$	-	\$	-	\$	-
2. New Revenue	1	440 500				440 500	_	005.005
a. Medi-Cal (FFP only)	1	112,500				112,500	\$	225,000
b. Medicare/Patient Fees/Patient Insurance							\$	=
c. State General Funds	1						\$	-
d. Other Revenue							\$	-
e. Total New Revenues	\$	112,500	\$	-	\$	112,500	\$	225,000
3. Total Revenues	\$	112,500	\$	-	\$	112,500	\$	225,000
C. One-Time CSS Funding Expenditures	\$	-	\$	-	\$	-	\$	-
D. Total Funding Requirements	\$	1,125,000	\$	-	\$	(112,500)	\$	900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships								10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,125,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue – Total Projected Medi-Cal (FFP) revenue for approximately 210 clients- \$225,500
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$900,000

County(ies):	LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #:	A-02		Date	9/8/05
Program Work Plan Name:	Wellness/Client-Run Centers		Page _	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation	6
Propo	sed Total Clients Capacity of Program/Services: _	700	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Michele Webber
Client Capacity	of Program/Services Expanded through MHSA:	700	Telephone Number:	(562) 435-3027

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
Medical Case Worker II Psychiatric Mental Health	Peer Support/Advocacy	24.00	24.00		\$ -
Nurse Practitioner			6.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	24.00	30.00		\$ -
C. Total Progam Positions	Total New Additional Positions	24.00	30.00		\$ - \$ -

 $[\]hbox{a/\ } Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.$

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies)	LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #	: A-02		Date	9/8/05
Program Work Plan Name	: Wellness/Client-Run Centers		Page	
Type of Funding	: FSP; SD; Medi-Cal (FFP)		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	2400	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Michele Webber
Clier	nt Capacity of Program/Services Expanded through MHSA:	2400	Telephone Number:	(562) 435-3027

		unty Mental Health epartment	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures						
1. Client, Family Member and Caregiver Support Expenditu	res					
a. Clothing, Food and Hygiene					\$	-
b. Travel and Transportation					\$	-
c. Housing						
i. Master Leases					\$	=
ii. Subsidies					\$	=
iii. Vouchers					\$	-
iv. Other Housing					\$	=
d. Employment and Education Supports					\$	-
e. Other Support Expenditures (provide description in budge	et narrative)				\$	-
f. Total Support Expenditures	\$	_	\$ -	-	\$	_
2. Personnel Expenditures	,			,	Ť	
a. Current Existing Personnel Expenditures (from Staffing D	etail)				\$	_
b. New Additional Personnel Expenditures (from Staffing De					\$	_
c. Employee Benefits		-			\$	_
d. Total Personnel Expenditures	\$	_	\$ <u>-</u>		\$	_
3. Operating Expenditures			<u> </u>		Ť	
a. Professional Services					\$	_
b. Translation and Interpreter Services					\$	_
c. Travel and Transportation					\$	_
d. General Office Expenditures					\$	_
e. Rent, Utilities, and Equipment					\$	_
f. Medication and Medical Supplies					\$	_
	norrativa)				\$	_
g. Other Operating Expenses (provide description in budget	s s		\$ -	 \$	\$	-
h. Total Operating Expenditures 4. Program Management	, a		<u>-</u>	<u>-</u>) D	
					\$	
a. Existing Program Management					\$	-
b. New Program Management			\$ -	 \$	\$	-
d. Total Program Management	ot known ©	2 250 000	Ψ -	<u>-</u>	\$	2 250 000
5. Estimated Total Expenditures when service provider is n	ot known \$	2,250,000	¢	¢	\$	2,250,000
6. Total Proposed Program Budget	2	2,250,000	\$ -	\$ -	1	2,250,000
B. Revenue						
1. Existing Revenue					_	
a. Medi-Cal (FFP only)					\$	-
b. Medicare/Patient Fees/Patient Insurance					\$	-
c. Realignment					\$	-
d. State General Funds					\$	-
e. County Funds					\$	-
f. Grants					\$	-
g. Other Revenue					\$	-
h. Total Existing Revenues	\$	=	\$ -	-	\$	=
2. New Revenue		20				
a. Medi-Cal (FFP only)		225,000		225,000	1	450,000
b. Medicare/Patient Fees/Patient Insurance					\$	-
c. State General Funds					\$	-
d. Other Revenue				1.	\$	-
e. Total New Revenues	\$	225,000		\$ 225,000	\$	450,000
3. Total Revenues	\$	225,000		\$ 225,000		450,000
C. One-Time CSS Funding Expenditures	\$	-	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$	2,025,000	-	\$ (225,000)	\$	1,800,000
E. Percentage of Total Funding Requirements for Full Service Part						

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,250,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 420 clients- \$450,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,800,000

County(ies):	LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #:	A-02		Date	9/8/05
Program Work Plan Name:	Wellness/Client-Run Centers		Page	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation	12
Propo	sed Total Clients Capacity of Program/Services:	2400	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Michele Webber
Client Capacity	of Program/Services Expanded through MHSA:	2400	Telephone Number:	(562) 435-3027

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ - \$ -
					\$ -
					\$ -
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	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions 1. Medical Case Worker II	Peer Support/Advocacy	30.00	30.00		\$ -
Mental Health Counselor, RN	The ear Support Advocacy	30.00	6.00		\$ -
3. Mental Health Psychiatrist (0.5 FTE)			3.00		\$ -
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	Total New Additional Positions	30.00	39.00		\$ - \$ -
C. Total Progam Positions	Total New Additional Positions	30.00	39.00		\$ -

County(ies)	: LOS ANGELES		Fiscal Year:	2007-2008
Program Work Plan #	: A-02		Date	9/8/05
Program Work Plan Name	: Wellness/Client-Run Centers		Page	
Type of Funding	: FSP; SD; Medi-Cal (FFP)		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	2400	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Michele Webber
Clier	nt Capacity of Program/Services Expanded through MHSA: _	2400	Telephone Number:	(562) 435-3027

2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expensions (provide description in budget narrative) h. Total Personan Benefit (program Management a. Existing Program Management b. New Program Management d. Total Program Management 5. Estimated Total Expenditures when service provider is not known 5. Estimated Total Expenditures when service provider is not known c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues s.			unty Mental Health epartment	Other Government Agencies	Comm Mental I Contr	Health ract		Total
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C. One-Time CSS Funding Expenditures \$ - \$ - \$		+ -			 	-	_	4.000.00
	· .	\$	2,025,000	>	\$ (2	225,000)	\$	1,800,000 10%

WELLNESS/CLIENT-RUN CENTERS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,250,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 420 clients- \$450,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,800,000

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #:	A-02		Date	9/8/05
Program Work Plan Name:	Wellness/Client-Run Centers		Page	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation	12
Propo	osed Total Clients Capacity of Program/Services:	2400	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Michele Webber
Client Canacity	of Program/Services Expanded through MHSA:	2400	 Telephone Number:	(562) 435-3027

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
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	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions	D O	20.00	20.00		•
1. Medical Case Worker II 2. Mental Health Counselor, RN	Peer Support/Advocacy	30.00	30.00 6.00		\$ - \$ -
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	Total New Additional Positions		39.00		\$ -
C. Total Progam Positions		30.00	39.00		\$ -

County(ies)	: LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #	: A-03		Date	9/8/05
Program Work Plan Name	: IMD Step-Down Facilities		Page	
Type of Funding	: FSP; SD; Medi-Cal (FFP)		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	50	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Clier	nt Capacity of Program/Services Expanded through MHSA: _	50	Telephone Number:	(323) 226-4744

		nty Mental Health partment	Oth Goverr Agen	nment	Me	ommunity ental Health Contract Providers		Total
A. Expenditures								
Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	-
c. Housing								
i. Master Leases							\$	-
ii. Subsidies							\$	-
iii. Vouchers							\$	-
iV. Other Housing							\$	-
d. Employment and Education Supports							\$	_
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	1		,		Ť		Ť	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	-
c. Employee Benefits							\$	-
d. Total Personnel Expenditures	 \$	_	\$	_	 \$	_	\$	_
3. Operating Expenditures	+	-	Ψ		ΙΨ-		Ψ	
a. Professional Services							\$	
b. Translation and Interpreter Services							\$	-
· ·							"	-
c. Travel and Transportation							•	
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)			•				\$	-
h. Total Operating Expenditures	\$	-	\$	_	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	-	\$	
5. Estimated Total Expenditures when service provider is not known	\$	1,187,500					\$	1,187,500
6. Total Proposed Program Budget	\$	1,187,500	\$	-	\$	-	\$	1,187,500
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	-
e. County Funds							\$	-
f. Grants							\$	-
g. Other Revenue							\$	-
h. Total Existing Revenues	\$	-	\$	-	\$	-	\$	-
2. New Revenue								
a. Medi-Cal (FFP only)						237,500	\$	237,500
b. Medicare/Patient Fees/Patient Insurance							\$	=
c. State General Funds							\$	-
d. Other Revenue							\$	-
e. Total New Revenues	\$	=	\$	-			\$	237,500
3. Total Revenues	\$	=	\$	-	\$	237,500	\$	237,500
C. One-Time CSS Funding Expenditures	\$	-	\$	-	\$	-	\$	-
D. Total Funding Requirements	\$	1,187,500	\$	-	\$	(237,500)	_	950,000
E. Percentage of Total Funding Requirements for Full Service Partnerships								75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,187,500.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 80 clients- \$237,500
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$950,000

County(ies): LOS ANGELES		Fiscal Year:	2005-2006
Program Work Plan #: A-03		Date	9/8/05
Program Work Plan Name: IMD Step-Down Facilities		Page	
Type of Funding: FSP; SD; Medi-Cal (FFP)		Months of Operation	6
Proposed Total Clients Capacity of Program/Services:	50	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity of Program/Services Expanded through MHSA:	50	Telephone Number:	(323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					-
					-
					-
					-
B. N. A.I. B. W.	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions			2.00		•
1. Mental Health Counselor, RN			2.00		
2. Medical Case Worker			14.00		- - -
Psychiatric Social Worker II Psychiatric Manager			8.00 3.00		- -
Residential Manager Community Worker		3.00	6.00		- -
5. Community Worker6. MH Services Coordinator II		3.00	2.00		- \$ -
7. Mental Health Psychiatrist			1.00		-
8. Program Director			3.00		\$ -
9. Secretary			3.00		
10. Office Manager			3.00		\$ -
To. Office Mariager			3.00		_
	Total New Additional Positions	3.00	45.00		\$ -
C. Total Progam Positions		3.00	45.00		\$ -

County(ies): LOS ANGELES			Fiscal Year: _	2006-2007
Program Work Plan #: A-03			Date_	9/8/05
Program Work Plan Name: IMD Step-Down Facilities			Page_	
Type of Funding: FSP; SD; Medi-Cal (FFP)			Months of Operation _	12
Proposed Total Clients Capacity of Progra	m/Services:	180	New Program/Services or Expansion _	New
Existing Client Capacity of Progra	m/Services:		Prepared by:	Mary Marx
Client Capacity of Program/Services Expanded thro	ugh MHSA:	180	Telephone Number:	(323) 226-4744

			nty Mental Health partment	Other Government Agencies	Me	ommunity ental Health Contract Providers		Total
A. Expen	ditures							
1.	Client, Family Member and Caregiver Support Expenditures							
	a. Clothing, Food and Hygiene						\$	-
	b. Travel and Transportation						\$	_
	c. Housing							
	i. Master Leases						\$	_
	ii. Subsidies						\$	=
	iii. Vouchers						\$	_
	iV. Other Housing						\$	_
	d. Employment and Education Supports						\$	_
	e. Other Support Expenditures (provide description in budget narrative)						\$	_
	f. Total Support Expenditures	\$	_	\$ -	\$	_	\$	_
2	Personnel Expenditures	+*		Ψ	+*-		 	
	a. Current Existing Personnel Expenditures (from Staffing Detail)						\$	_
	b. New Additional Personnel Expenditures (from Staffing Detail)						\$	_
	c. Employee Benefits						\$	-
	d. Total Personnel Expenditures	 \$		\$ <u>-</u>	 \$		\$	_
3	Operating Expenditures	ΤΨ	-	<u>-</u>	+Ψ	-	۲	-
3.	a. Professional Services	1					\$	
							\$ \$	-
	b. Translation and Interpreter Services						Þ	-
	c. Travel and Transportation						_	
	d. General Office Expenditures						\$	-
	e. Rent, Utilities, and Equipment						\$	-
	f. Medication and Medical Supplies						\$	-
	g. Other Operating Expenses (provide description in budget narrative)	_					\$	-
	h. Total Operating Expenditures	\$	-	\$ -	\$	-	\$	-
4.	Program Management						١.	
	a. Existing Program Management						\$	-
	b. New Program Management				١.		\$	-
	d. Total Program Management			\$ -	\$	-	\$	-
	Estimated Total Expenditures when service provider is not known	\$	2,375,000				\$	2,375,000
	Total Proposed Program Budget	\$	2,375,000	\$ -	\$	-	\$	2,375,000
B. Reven								
1.	Existing Revenue							
	a. Medi-Cal (FFP only)						\$	-
	b. Medicare/Patient Fees/Patient Insurance						\$	-
	c. Realignment						\$	=
	d. State General Funds						\$	-
	e. County Funds						\$	-
	f. Grants						\$	-
	g. Other Revenue						\$	-
	h. Total Existing Revenues	\$	-	\$ -	\$	=	\$	=
2.	New Revenue	1						
	a. Medi-Cal (FFP only)					475,000	\$	475,000
	b. Medicare/Patient Fees/Patient Insurance						\$	-
	c. State General Funds	1					\$	=
	d. Other Revenue						\$	-
	e. Total New Revenues	\$	_	\$ -	\$	475,000	\$	475,000
3.	Total Revenues	\$	_	\$ -	\$	475,000	l	475,000
C. One-Ti	ime CSS Funding Expenditures	\$	-	\$ -	\$	-	\$	-
	Funding Requirements	\$	2,375,000	\$ -	\$	(475,000)	_	1,900,000
	ntage of Total Funding Requirements for Full Service Partnerships		, -,			, -,0/		75%

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,375,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 160 clients- \$475,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,900,000

County(ies):	LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #:	A-03		Date _	9/8/05
Program Work Plan Name:	IMD Step-Down Facilities		Page _	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation	12
Prop	osed Total Clients Capacity of Program/Services:	180	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity	of Program/Services Expanded through MHSA:	180	Telephone Number:	(323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions			0.00		•
1. Mental Health Counselor, RN			2.00		\$ -
2. Medical Case Worker			14.00		\$ -
3. Psychiatric Social Worker II			8.00 3.00		\$ - \$ -
4. Residential Manager		3	6.00		\$ -
Community Worker MH Services Coordinator II		3	2.00		\$ -
7. Mental Health Psychiatrist			1.00		\$ -
8. Program Director			3.00		\$ -
9. Secretary			3.00		\$ -
10. Office Manager			3.00		\$ -
To. Office Manager			0.00		Ψ
	Total New Additional Positions	3.00	45.00		\$ -
C. Total Progam Positions		3.00	45.00		\$ -

County(ies)	LOS ANGELES		Fiscal Year:	2007-2008
Program Work Plan #	A-03		Date	9/8/05
Program Work Plan Name	: IMD Step-Down Facilities		Page	
Type of Funding	: FSP; SD; Medi-Cal (FFP)		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	180	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Clier	nt Capacity of Program/Services Expanded through MHSA: _	180	Telephone Number:	(323) 226-4744

	H	y Mental ealth artment	Other Government Agencies	M	Community ental Health Contract Providers		Total
A. Expenditures							
Client, Family Member and Caregiver Support Expenditures							
a. Clothing, Food and Hygiene						\$	-
b. Travel and Transportation						\$	_
c. Housing							
i. Master Leases						\$	_
ii. Subsidies						\$	_
iii. Vouchers						\$	_
iV. Other Housing						\$	_
d. Employment and Education Supports						\$	-
e. Other Support Expenditures (provide description in budget narrative)						\$	-
f. Total Support Expenditures	\$	_	\$ -	\$	_	\$	_
2. Personnel Expenditures	+*		Ψ	+*-		-	
a. Current Existing Personnel Expenditures (from Staffing Detail)						\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)						\$	_
c. Employee Benefits						\$ \$	-
1	 		\$ -	\$		\$ \$	=
d. Total Personnel Expenditures	1 3	-	-	1 2	-) D	
3. Operating Expenditures						_	
a. Professional Services						\$	-
b. Translation and Interpreter Services						\$	-
c. Travel and Transportation							
d. General Office Expenditures						\$	-
e. Rent, Utilities, and Equipment						\$	-
f. Medication and Medical Supplies						\$	-
g. Other Operating Expenses (provide description in budget narrative)	1.					\$	-
h. Total Operating Expenditures	\$	-	\$ -	\$	-	\$	-
4. Program Management						١.	
a. Existing Program Management						\$	-
b. New Program Management						\$	-
d. Total Program Management			\$ -	\$	-	\$	
5. Estimated Total Expenditures when service provider is not known		2,375,000				\$	2,375,000
6. Total Proposed Program Budget	\$	2,375,000	\$ -	\$	-	\$	2,375,000
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)						\$	-
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. Realignment						\$	-
d. State General Funds						\$	-
e. County Funds						\$	-
f. Grants						\$	-
g. Other Revenue						\$	-
h. Total Existing Revenues	\$	=	\$ -	\$	=	\$	=
2. New Revenue							
a. Medi-Cal (FFP only)					475,000	\$	475,000
b. Medicare/Patient Fees/Patient Insurance					•	\$	-
c. State General Funds						\$	=
d. Other Revenue						\$	=
e. Total New Revenues	\$	_	\$ -	\$	475,000	\$	475,000
3. Total Revenues	\$	_	\$ -	\$	475,000	\$	475,000
					170,000		1,0,000
C. One-Time CSS Funding Expenditures	1.\$	_	IS -	1.\$	_	1.8	_
C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$	2,375,000	\$ - \$ -	\$ \$	(475,000)	\$	1,900,000

IMD STEPDOWN FACILITIES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,375,000.
A. 6.	Total Program Budget – See Above
B. 2.	New Revenue - Projected Medi-Cal (FFP) revenue for approximately 160 clients- \$475,000
B.3.	Total Revenue - See Above
D.	Total Funding Requirements – \$1,900,000

2007-2008	Fiscal Year: _		County(ies): LOS ANGELES
9/8/05	Date _		Program Work Plan #: A-03
	Page _		Program Work Plan Name: IMD Step-Down Facilities
12	Months of Operation		Type of Funding: FSP; SD; Medi-Cal (FFP)
New	New Program/Services or Expansion	180	Proposed Total Clients Capacity of Program/Services:
Mary Marx	Prepared by:		Existing Client Capacity of Program/Services:
(323) 226-4744		180	Client Capacity of Program/Services Expanded through MHSA:

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					-
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	_	0.00		\$ -
B. New Additional Positions			3,33		- -
1. Mental Health Counselor, RN			2.00		\$ -
2. Medical Case Worker			14.00		\$ -
3. Psychiatric Social Worker II			8.00		\$ -
4. Residential Manager			3.00		\$ -
5. Community Worker		3	6.00		\$ -
6. MH Services Coordinator II			2.00		\$ -
7. Mental Health Psychiatrist			1.00		\$ -
8. Program Director			3.00		\$ -
9. Secretary			3.00		\$ -
10. Office Manager			3.00		\$ -
	Total New Additional Positions	3.00	45.00		\$ -
C. Total Progam Positions	iotal New Additional Positions	3.00	45.00		\$ -

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: A-04		Date_	9/8/05
Program Work Plan Name: Adult Housing Services		Page _	
Type of Funding: FSP; SD		Months of Operation	6
Proposed Total Clients Capacity of Program/Services:	1090	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:		Prepared by:	Reina Turner
Client Canacity of Program/Services Expanded through MHSA:	1090	Telephone Number	213-739-6267

A. Expenditures 1. Client, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers IV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management b. New Program Management c. Total Propram Management d. Total Propram Management d. Total Propram Management d. Total Propram Management d. Total Propram Management c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenue 2. New Revenue 2. New Revenue 3. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue 3. Other Revenue 4. Existing Revenues 5. Estating Revenues 6. State General Funds 6. Other Revenue 7. Lett Existing Revenues 7. Lett Exist Revenue 8. Lett Exist Revenue 9. Other Revenue 9. Ot	Other Government Agencies	Community Mental Health Contract Providers	Total
1. Client, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases iii. Subsidies iii. Vouchers IV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures s. Professional Services a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 5. Estimated Total Expenditures 6. Total Program Management d. Total Program Management d. Total Program Management d. Total Program Management d. State General Funds e. County Funds f. Grants g. Other Operating Expensition g. Other Operating Expensition g. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue			
b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) f. Medication and Management a. Existing Program Management b. New Program Management d. Total Proposed Program Budget 5. Estimated Total Expenditures when service provider is not known 5. Sestimated Total Expenditures a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue			
b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) f. Medication and Management a. Existing Program Management b. New Program Management d. Total Proposed Program Budget 5. Estimated Total Expenditures when service provider is not known 5. Sestimated Total Expenditures a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue			\$ -
c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures e. Other Support Expenditures f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expensites (provide description in budget narrative) h. Total Operating Expensite (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses g. Forting Amanagement d. Total Program Management d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue			\$ -
i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses g. A. Program Management a. Existing Program Management b. New Program Management d. Total Propram Management 5. Estimated Total Expenditures when service provider is not known 1 924,053 B. Revenue 1. Existing Revenue 1. Existing Revenue 2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue 2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue			'
ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management d. Total Program Management 5. Estimated Total Expenditures when service provider is not known 1 \$ 924,053 6. Total Proposed Program Budget S. Revenue 1. Existing Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue			s -
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c. State General Funds d. Other Revenue			\$ -
d. Other Revenue			s -
			s =
1 A TOTAL EXISTING REVENUES	 \$	 	\$ -
e. Total Existing Revenues \$ - 3. Total Revenues \$ -			
·	\$ - 6	\$ -	\$ -
C. One-Time CSS Funding Expenditures \$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements \$ 924,053 E. Percentage of Total Funding Requirements for Full Service Partnerships		\$ -	\$ 924,053 10%

ADULT HOUSING SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$924,053.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$924,053

County(ies):	LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #:	A-04		Date_	9/8/05
Program Work Plan Name:	Adult Housing Services		Page _	
Type of Funding:	FSP; SD		Months of Operation _	6
Propo	osed Total Clients Capacity of Program/Services:	2180	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:	260	Prepared by: _	Reina Turner
Client Capacity	of Program/Services Expanded through MHSA:	1920	Telephone Number:	213-739-6267

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	W	al Salaries, lages and Overtime
A. Current Existing Positions		4.00	2.22	22.225		10.100
a. Medical Case Worker II	Housing Specialist	1.00	2.00	23,065	\$	46,130
					\$	=
					\$ \$	-
					\$	-
					\$	<u>-</u>
					\$	<u>-</u>
					\$	-
					\$	<u>-</u>
					\$	<u>-</u>
					\$	_
					\$	_
					\$	_
					\$	_
					\$	_
					\$	_
					\$	_
					\$	_
	Total Current Existing Positions	1.00	2.00		\$	46,130
B. New Additional Positions						
Housing Specialists						
a. Medical Case Worker II	Housing Specialist	3.00	6.00		\$	=
b. MH Services Coordinator I	Housing Specialist		8.00		\$	-
	Total New Housing Specialist Positions	3.00	14.00		\$	-
2. Safe Havens						
a. Program Manager	Program Manager		1.00		\$	
b. Licensed Clinical Social Worker	Licensed Clinical Social Worker		2.00		\$	-
c. Outreach Specialists	Outreach Specialists		2.00		\$	<u>-</u>
d. Registered Nurse	Registered Nurse		0.50		\$	<u>-</u>
e. Peer Advocate	Peer Advocate	1.50	1.50		\$	_
f. Psychiatrist	Psychiatrist	1.00	0.20		\$	_
1. 1 Syomatrist	Total New Safe Haven	1.50	7.20		\$	_
	Total Now Sule Naven	1.00	7.20		*	
	Total New Additional Positions	4.50	21.20		\$	-
C. Total Progam Positions		5.50	23.20		\$	46,130

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: A-04		Date_	9/8/05
Program Work Plan Name: Adult Housing Services		Page _	
Type of Funding: FSP; SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	4160	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:		Prepared by:	Reina Turner
Client Capacity of Program/Services Expanded through MHSA:	4160	Telephone Number:	213-739-6267

A. Expenditures 1. Client, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative)	· -			\$ \$	-
a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases iii. Subsidies iiii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	- -
b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	-
b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	-
c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	
i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			1	
ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			1	_
iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	_
iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -		ļ	\$	_
d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -		4	\$	_
e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	-			\$	_
f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	-			\$	_
2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	, <u>-</u>	\$ -		s	_
a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)		Φ -	-	╫	
b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)					
c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$ \$	-
d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)					-
3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)		•		\$	-
a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	-	\$ -	-	\$	
b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)					
c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	-
d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	=
e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	-
f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
				\$	-
h. Total Operating Expenditures				\$	-
taa opoiatiig Exponentiio	-	\$ -	\$ -	\$	=
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	-
5. Estimated Total Expenditures when service provider is not known 1 \$	1,848,106			\$	1,848,106
6. Total Proposed Program Budget \$		\$ -	-	\$	1,848,106
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				l s	_
e. County Funds				\$	
f. Grants				\$	
g. Other Revenue				\$	' -
	,	r.	ļ _e	1	=
h. Total Existing Revenues \$	· -	\$ -	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)			1	\$	-
b. Medicare/Patient Fees/Patient Insurance			1	\$	-
c. State General Funds				\$	=
d. Other Revenue			1.	\$	-
e. Total Existing Revenues \$		\$ -		\$	-
3. Total Revenues \$	· I	\$ -	1 0	S	-
C. One-Time CSS Funding Expenditures \$			\$ -	· ·	
D. Total Funding Requirements \$	-	\$ -	\$ -	\$	-

ADULT HOUSING SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,848,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,848,106.

County(ies):	LOS ANGELES		Fiscal Year:	2006-2007	
Program Work Plan #:	A-04		Date	9/8/05	
Program Work Plan Name:	Adult Housing Services		Page _		
Type of Funding:	FSP; SD		Months of Operation	12	
Prop	osed Total Clients Capacity of Program/Services: _	4360	New Program/Services or Expansion	New	
	Existing Client Capacity of Program/Services:	520	Prepared by:	Reina Turner	
Client Capacity	of Program/Services Expanded through MHSA:	3640	Telephone Number:	213-739-6267	_

	Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs Salary, Wages an Overtime per FT		Total Salaries, Wages and Overtime	
A	a. Medical Case Worker II	Housing Specialist	1.00	2.00	46,130	***	92,260 - - - - - - - - -
В	New Additional Positions 1. Housing Specialist -	Total Current Existing Positions	1.00	2.00		* * * * * * * *	- - - - - - 92,260
	County Operated a. Medical Case Worker II b. MH Services Coordinator I c. Total County Operated	Housing Specialist Housing Specialist	3.00	6.00 8.00 14.00		\$ \$	- - -
	2. Safe Havens - Other Government Agency a. Program Manager b. Licensed Clinical Social Worker c. Outreach Specialists d. Registered Nurse e. Peer Advocate f. Psychiatrist g. Total Safe Havens - Other Government Agency	Program Manager Licensed Clinical Social Worker Outreach Specialists Registered Nurse Peer Advocate Psychiatrist	1.50 1.50	1.00 2.00 2.00 0.50 0.20 5.70		\$ \$ \$ \$ \$ \$ \$ \$	- - - - -
C	. Total Progam Positions	Total New Additional Positions	4.50 5.50	19.70 21.70		\$	<u>-</u> 92,260

County(ies): LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #: A-04		Date_	9/8/05
Program Work Plan Name: Adult Housing Services		Page _	
Type of Funding: FSP; SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	4160	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:		Prepared by: _	Reina Turner
Client Capacity of Program/Services Expanded through MHSA:	4160	Telephone Number:	213-739-6267

A. Expenditures 1. Client, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative)	· -			\$ \$	-
a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases iii. Subsidies iiii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	- -
b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	-
b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	-
c. Housing i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	
i. Master Leases ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			1	
ii. Subsidies iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			1	_
iii. Vouchers iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -			\$	_
iV. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -		ļ	\$	_
d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	5 -		4	\$	_
e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	-			\$	_
f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	-			\$	_
2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	, <u>-</u>	\$ -		s	_
a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)		Φ -	-	╫	
b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)					
c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$ \$	-
d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)					-
3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)		•		\$	-
a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)	-	\$ -	-	\$	
b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)					
c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	-
d. General Office Expenditures e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	=
e. Rent, Utilities, and Equipment f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	-
f. Medication and Medical Supplies g. Other Operating Expenses (provide description in budget narrative)				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
				\$	-
h. Total Operating Expenditures				\$	-
taa opoiatiig Exponentiio	-	\$ -	\$ -	\$	=
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	-
5. Estimated Total Expenditures when service provider is not known 1 \$	1,848,106			\$	1,848,106
6. Total Proposed Program Budget \$		\$ -	-	\$	1,848,106
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	_
d. State General Funds				l s	_
e. County Funds				\$	
f. Grants				\$	
g. Other Revenue				\$	' -
	,	r.	ļ _e	1	=
h. Total Existing Revenues \$	· -	\$ -	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)			1	\$	-
b. Medicare/Patient Fees/Patient Insurance			1	\$	-
c. State General Funds				\$	=
d. Other Revenue			1.	\$	-
e. Total Existing Revenues \$		\$ -		\$	-
3. Total Revenues \$	· I	\$ -	1 0	S	-
C. One-Time CSS Funding Expenditures \$			\$ -	· ·	
D. Total Funding Requirements \$	-	\$ -	\$ -	\$	-

ADULT HOUSING SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,848,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,848,106.

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008	
Program Work Plan #:	A-04		Date _	9/8/05	
Program Work Plan Name:	Adult Housing Services		Page _		
Type of Funding:	FSP; SD		Months of Operation	12	
Prop	osed Total Clients Capacity of Program/Services:	4360	New Program/Services or Expansion _	New	
	Existing Client Capacity of Program/Services:	520	Prepared by:	Reina Turner	
Client Canacit	v of Program/Services Expanded through MHSA:	3640	Telephone Number	213-739-6267	Ξ

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs Salary, Wages an Overtime per FTE		Total Salaries, Wages and Overtime
A. Current Existing Positions a. Medical Case Worker II	Housing Specialist	1.00	2.00	46,130	\$ 92,260 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Total Current Existing Positions	1.00	2.00		\$ - \$ - \$ 92,260
B. New Additional Positions 1. Housing Specialist - County Operated a. Medical Case Worker II b. MH Services Coordinator I c. Total County Operated 2. Safe Havens - Other Government Agency a. Program Manager b. Licensed Clinical Social Worker c. Outreach Specialists d. Registered Nurse e. Peer Advocate f. Psychiatrist g. Total Safe Havens - Other Government Agency	Housing Specialist Program Manager Licensed Clinical Social Worker Outreach Specialists Registered Nurse Peer Advocate Psychiatrist	3.00 3.00 1.50	6.00 8.00 14.00 1.00 2.00 2.00 0.50 1.50 0.20 7.20		\$
C. Total Progam Positions	Total New Additional Positions	4.50 5.50	21.20 23.20		\$ - \$ 92,260

County(ies)	: LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #	: A-05		Date	9/8/05
Program Work Plan Name	: Jail Transition and Linkage Services		Page	
Type of Funding	: FSP; SD		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	846	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Jaime Nahman
Clier	nt Capacity of Program/Services Expanded through MHSA:	846	Telephone Number:	(213) 738-4142

	н	ty Mental lealth artment	Gove	ther rnment ncies	Menta Co	nmunity al Health ntract oviders		Total
A. Expenditures								
1. Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	-
c. Housing								
i. Master Leases							\$	_
ii. Subsidies							\$	-
iii. Vouchers							\$	_
iv. Other Housing							\$	_
d. Employment and Education Supports							\$	_
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	+		Ψ		ΙΨ		Ι*	
•							a	
 a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) 							\$ \$	-
 b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits 					1		\$	=
• •		-	_					-
d. Total Personnel Expenditures	\$	-	\$	-	\$	-	\$	-
3. Operating Expenditures								
a. Professional Services							\$	-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation							١.	
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	=
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	=
4. Program Management								
a. Existing Program Management							\$	=
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	874,053					\$	874,053
Total Proposed Program Budget	\$	874,053	\$	-	\$	-	\$	874,053
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	-
e. County Funds							\$	-
f. Grants							\$	=
g. Other Revenue							\$	-
h. Total Existing Revenues	 \$	_	\$	_	 \$	_	\$	_
2. New Revenue			•		`		ļ [*]	
a. Medi-Cal (FFP only)							\$	_
b. Medicare/Patient Fees/Patient Insurance							\$	_
c. State General Funds							\$	_
d. Other Revenue							\$	-
u. Other Revenue			[_				1	-
a Total Eviating Bayanua	\$	-	\$	-	\$ \$	=	\$	-
e. Total Existing Revenues	۱.							
3. Total Revenues	\$	-	\$	-		-	_	-
	\$ \$ \$	874,053	\$	-	\$	-	\$	874,053

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$874,053.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$874,053.

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: A-05		Date _	9/8/05
Program Work Plan Name: Jail Transition and Linkage Services		Page _	of
Type of Funding: FSP; SD		Months of Operation	6
Proposed Total Clients Capacity of Program/Services:	846	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Jaime Nahman
Client Canacity of Program/Services Expanded through MHSA	846		(213) 738-4142

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
Intermediate Typist Clerk			1.00		\$ -
2. Staff Assistant II			1.00		\$ -
Psychiatric Social Worker II			8.00		\$ -
Supvg Psychaitric Social Worker			1.00		\$ -
5. Mental Health Services Coordinator II			4.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
	Total New Additional Positions	0.00	15.00		\$ -
C. Total Progam Positions	Total New Additional Positions	0.00	15.00		\$ -

County(ies):	LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #:	A-05		Date	9/8/05
Program Work Plan Name:	Jail Transition and Linkage Services		Page	
Type of Funding:	FSP; SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	3384	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by:	Jaime Nahman
Client	t Capacity of Program/Services Expanded through MHSA: _	3384	Telephone Number:	(213) 738-4142

	He	y Mental ealth artment	Other Governmen Agencies	t	Community Mental Health Contract Providers		Total
A. Expenditures							
Client, Family Member and Caregiver Support Expenditures							
a. Clothing, Food and Hygiene						\$	-
b. Travel and Transportation						\$	-
c. Housing							
i. Master Leases						\$	-
ii. Subsidies						\$	-
iii. Vouchers						\$	-
iv. Other Housing						\$	-
d. Employment and Education Supports						\$	_
e. Other Support Expenditures (provide description in budget narrative)						\$	_
f. Total Support Expenditures	 \$	_	\$	- \$	_	\$	_
2. Personnel Expenditures							
a. Current Existing Personnel Expenditures (from Staffing Detail)						\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)						\$	_
c. Employee Benefits		_				\$	_
d. Total Personnel Expenditures	 \$	_	\$ -	. \$	_	\$	_
3. Operating Expenditures	+*		Ψ	\dashv^*		╫	
a. Professional Services						\$	_
b. Translation and Interpreter Services						\$	_
c. Travel and Transportation						"	
d. General Office Expenditures						\$	
e. Rent, Utilities, and Equipment						\$	=
						1	-
f. Medication and Medical Supplies						\$	-
g. Other Operating Expenses (provide description in budget narrative)	_		•	_		\$	-
h. Total Operating Expenditures	\$	-	\$	- \$	-	\$	-
4. Program Management						L .	
a. Existing Program Management						\$	-
b. New Program Management			¢	_		\$	-
d. Total Program Management	·	4 740 400	\$	- \$	-	\$	4 740 400
5. Estimated Total Expenditures when service provider is not known		1,748,106	Φ.	1			1,748,106
6. Total Proposed Program Budget	15	1,748,106	5	\$	=	\$	1,748,106
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)						\$	-
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. Realignment						\$	-
d. State General Funds						\$	-
e. County Funds						\$	-
f. Grants						\$	-
g. Other Revenue	1.					\$	-
h. Total Existing Revenues	\$	-	\$. \$	=	\$	-
2. New Revenue							
a. Medi-Cal (FFP only)						\$	-
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. State General Funds						\$	-
d. Other Revenue						\$	-
e. Total Existing Revenues	\$	-	\$ -	- \$	=	\$	=
3. Total Revenues	\$	-	\$ -	. \$	-	\$	-
C. One-Time CSS Funding Expenditures	\$	-	\$. \$		\$	-
D. Total Funding Requirements	\$	1,748,106	\$	\$	-	\$	1,748,106
E. Percentage of Total Funding Requirements for Full Service Partnerships							20%

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,748,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,748,106

County(ies): LOS ANGELES			Fiscal Year: _	2006-2007	
Program Work Plan #: A-05			Date_	9/8/05	
Program Work Plan Name: Jail Transition and Linkage Services			Page _	of	
Type of Funding: FSP; SD			Months of Operation	12	
Proposed Total Clients Capacity of Program/	Services:	3384	New Program/Services or Expansion	New	
Existing Client Capacity of Program/	Services:		Prepared by:	Jaime Nahman	
Client Capacity of Program/Services Expanded throug	h MHSA:	3384	Telephone Number:	(213) 738-4142	Ī

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ - \$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	·	0.00		\$ -
B. New Additional Positions					
Intermediate Typist Clerk			1.00		\$ -
2. Staff Assistant II			1.00		\$ -
Psychiatric Social Worker II			8.00		\$ -
Supvg Psychaitric Social Worker			1.00		\$ -
5. Mental Health Services Coordinator II			4.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	0.00	15.00		\$ -

County(ies): LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #: A-05		Date _	9/8/05
Program Work Plan Name: Jail Transition and Linkage Services		Page_	
Type of Funding: FSP; SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	3384	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Jaime Nahman
Client Capacity of Program/Services Expanded through MHSA:	3384	Telephone Number:	(213) 738-4142

		unty Mental Health epartment	Gove	Other ernment encies	Mer C	mmunity ntal Health contract roviders		Total
A. Expenditures								
1. Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	-
c. Housing								
i. Master Leases							\$	-
ii. Subsidies							\$	-
iii. Vouchers							\$	_
iv. Other Housing							\$	_
d. Employment and Education Supports							\$	_
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	+*-		Ι Ψ		Ι Ψ		+	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	=
c. Employee Benefits							\$	-
d. Total Personnel Expenditures	\$	-	\$		\$		\$	-
<u>'</u>	+	-	D	-	12	-	1	-
3. Operating Expenditures								
a. Professional Services							\$	-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation								
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	1,748,106					\$	1,748,106
Total Proposed Program Budget	\$	1,748,106	\$	-	\$	-	\$	1,748,106
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	-
e. County Funds							\$	-
f. Grants							\$	_
g. Other Revenue							\$	-
h. Total Existing Revenues	\$	_	\$	_	\$	_	\$	_
2. New Revenue			-		•		•	
a. Medi-Cal (FFP only)							\$	_
b. Medicare/Patient Fees/Patient Insurance							\$	<u>-</u> -
c. State General Funds							\$	-
d. Other Revenue								-
			 		•		\$	=
	\$	-	\$	-	\$	-	\$	-
e. Total Existing Revenues			l \$	_	\$	_	\$	_
3. Total Revenues	\$	-					_	
	\$ \$ \$	1,748,106	\$	-	\$	-	\$	1,748,106

JAIL TRANSITION AND LINKAGE SERVICES

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$1,748,106.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$1,748,106.

County(ies): LOS	ANGELES		Fiscal Year: _	2007-2008	
Program Work Plan #: A-05			Date_	9/8/05	
Program Work Plan Name: Jail T	ransition and Linkage Services		Page _		
Type of Funding: FSP;	; SD		Months of Operation	12	
Proposed T	otal Clients Capacity of Program/Services:	3384	New Program/Services or Expansion	New	
Exi	sting Client Capacity of Program/Services:		Prepared by:	Jaime Nahman	
Client Canacity of Pro	ogram/Services Expanded through MHSA:	3384	Telephone Number	(213) 738-4142	

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
			0.00		\$ -
B. New Additional Positions	Total Current Existing Positions	-	0.00		\$ -
New Additional Positions Intermediate Typist Clerk			1.00		\$ -
Staff Assistant II			1.00		\$ -
Psychiatric Social Worker II			8.00		\$ -
Supvg Psychaitric Social Worker			1.00		\$ -
5. Mental Health Services Coordinator II			4.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
	Total New Additional Positions	0.00	15.00		\$ -
C. Total Progam Positions	. Cu Con Additional 1 Joillons	0.00	15.00		\$ -

Program Work Plan #: OA-01 Date	9/15/05
Program Work Plan Name: Older Adults - Full Service Partnerships Page	
Type of Funding: FSP Months of Operation	6
Proposed Total Clients Capacity of Program/Services: 41 New Program/Services or Expansion	New
Existing Client Capacity of Program/Services: 0 Prepared by: A	A. McConner
Client Capacity of Program/Services Expanded through MHSA: 41 Telephone Number: (21)	13) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	_
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	\$ -	\$ <u>-</u>		\$	_
2. Personnel Expenditures	Ψ -	<u>-</u>	<u>-</u>	╫	
· · · · · · · · · · · · · · · · · · ·				•	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	•			\$	-
d. Total Personnel Expenditures	\$ -	-	-	\$	-
3. Operating Expenditures					
a. Professional Services (Service Area Multi-System Clinical Consultations)					
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	<u> </u>	
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	-
Estimated Total Expenditures when service provider is not known	\$ -			\$	1,520,558
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	1,520,558
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	=
g. Other Revenue				\$	_
h. Total Existing Revenues	\$ -	\$ -		\$	_
2. New Revenue	•	1	*	•	
a. Medi-Cal (FFP only)				\$	447,600
b. Medicare/Patient Fees/Patient Insurance				\$	23,558
c. State General Funds				\$	20,000
d. Other Revenue				\$	<u>-</u> -
a. Other Nevertue	¢			1	474 4E0
a Total New Peyenues	\$ -	-	-	\$	471,158
e. Total New Revenues	¢.	1 0			
3. Total Revenues	\$ -	\$ -	\$ -	\$	471,158
	\$ - \$ - \$	\$ - \$ -	\$ - \$ -	\$ \$ \$	471,158 - 1,049,400

Older Adult CSS Plan Full Service Partnerships Work Plan #OA-01

<u>Budget Narrative – January 2006 – June 2006</u>

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed MHSA expenditure of \$1,049,400 and MediCare/Medi-Cal FFP of \$471,158
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 100 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

Note: As we move into the development of new service delivery models for Older Adults, we recognize that estimates of revenue and cost per client may differ from our initial projections. The numbers of clients to be served and associated costs represent our best projections given current available information. Projections of numbers of individuals who will enroll in CSS programs and dollars that will be spent are also based on the assumption that programs will be fully operational early in the first six months of MHSA funding. To the extent that circumstances mitigate against a rapid implementation, projections may need to be reexamined early in the first year of funding.

2005-2006	Fiscal Year: _		County(ies): Los Angeles
9/15/05	Date_		Program Work Plan #: OA-01
	Page_		Program Work Plan Name: Older Adults - Full Service Partnerships
6	Months of Operation _		Type of Funding: FSP
New	New Program/Services or Expansion _	41	Proposed Total Clients Capacity of Program/Services:
A. McConner	Prepared by: _		Existing Client Capacity of Program/Services:
(213) 351-5244	Telephone Number:	41	Client Capacity of Program/Services Expanded through MHSA:

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
D. N. A.L. W. a.L. D. a.W. a.	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					\$ -
Mental Health Counselor, RN			2.00		ъ <u>-</u>
Community Worker			5.00		
Psychiatric Social Worker II			2.00		
Supv. Psychiatric Social Worker			2.00		
Clinical Psycologist II			2.00		
Medical Case Worker II			5.00		
Secretary I			1.00		
Intermediate Typist Clerk			1.00		
Mental Health Psychiatrist			1.00		
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions		21		\$ - \$ -
C. Total Progam Positions	Total New Additional Positions	-	21		\$ -

County(ies): _	Los Angeles		Fiscal Year: _	2006-2007
Program Work Plan #:	OA-01		Date_	9/15/05
Program Work Plan Name:	Older Adults - Full Service Partnerships		Page_	
Type of Funding: _	FSP		Months of Operation _	12
	Proposed Total Clients Capacity of Program/Services:	205	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by: _	A. McConner
Client	Capacity of Program/Services Expanded through MHSA:	205	Telephone Number:	(213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	=
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	-
iV. Other Housing				\$	-
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	\$ -	\$ <u>-</u>	\$ -	\$	_
· · · · · ·	Ψ -	<u>-</u>	<u> </u>	+Ψ	<u>-</u>
2. Personnel Expenditures				•	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	=
c. Employee Benefits				\$	-
d. Total Personnel Expenditures	\$ -	\$ -	-	\$	-
3. Operating Expenditures					
a. Professional Services (Service Area Multi-System Clinical Consultations)				1.	
b. Translation and Interpreter Services				\$	=
c. Travel and Transportation					
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	=
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -		
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	3,041,115
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	3,041,115
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	=
g. Other Revenue				\$	=
h. Total Existing Revenues	\$ -	-	\$ -	\$	_
2. New Revenue	÷ .	-			
a. Medi-Cal (FFP only)				\$	895,199
b. Medicare/Patient Fees/Patient Insurance				\$	47,116
				\$	47,110
c State General Funds				\$	-
c. State General Funds			1	lΦ	-
d. Other Revenue	c	6		٠	040.045
d. Other Revenue e. Total New Revenues	\$ -	\$ -	\$ -	\$	942,315
d. Other Revenue e. Total New Revenues 3. Total Revenues	\$ -	\$ -	\$ -	\$	942,315 942,315
d. Other Revenue e. Total New Revenues		1		1	

Older Adult CSS Plan Full Service Partnerships Work Plan #OA-01

Budget Narrative – Year 3
July 2007 – June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$2,098,800 and MediCare/Medi-Cal FFP of \$942,315
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 205 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

County(ies):	Los Angeles		Fiscal Year: _	2006-2007
Program Work Plan #	OA-01		Date_	9/15/05
Program Work Plan Name	Older Adults - Full Service Partnerships		Page _	
Type of Funding	FSP		Months of Operation _	12
Pro	pposed Total Clients Capacity of Program/Services:	205	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by: _	A. McConner
Client Capac	city of Program/Services Expanded through MHSA:	205	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
					\$ -
Mental Health Counselor, RN			2.00		
Community Worker			5.00		
Psychiatric Social Worker II			2.00		
Supv. Psychiatric Social Worker			2.00		
Clinical Psycologist II			2.00		
Medical Case Worker II			5.00		
Secretary I			1.00		
Intermediate Typist Clerk			1.00		
Mental Health Psychiatrist			1.00		_
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	21		\$ -
C. Total Progam Positions		-	21		\$ -

County(ies)	: Los Angeles		Fiscal Year:	2007-2008
Program Work Plan #	: OA-01		Date	9/15/05
Program Work Plan Name	: Older Adults - Full Service Partnerships		Page	
Type of Funding	: FSP		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	205	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	A. McConner
Clier	nt Capacity of Program/Services Expanded through MHSA:	205	Telephone Number:	(213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing					
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	-
iV. Other Housing				\$	-
d. Employment and Education Supports				\$	-
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	\$ -	\$ -	\$ -	\$	-
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	-			\$	-
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$	<u>-</u>
3. Operating Expenditures					
a. Professional Services (Service Area Multi-System Clinical Consultations)					
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	_
f. Medication and Medical Supplies				\$	<u>-</u>
g. Other Operating Expenses (provide description in budget narrative)				\$	_
h. Total Operating Expenditures	\$ -	\$ -	-	'	
4. Program Management		·			
a. Existing Program Management				\$	<u>-</u>
b. New Program Management				\$	_
d. Total Program Management		\$ -	-	\$	<u>-</u>
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	3,041,115
6. Total Proposed Program Budget	\$ -	\$ -		\$	3,041,115
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. Realignment				\$	_
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	_
g. Other Revenue				\$	_
h. Total Existing Revenues	\$ -	\$ <u>-</u>	 \$ -	\$	_
2. New Revenue	Ψ -	-	_	"	_
a. Medi-Cal (FFP only)				\$	895,199
b. Medicare/Patient Fees/Patient Insurance				\$	47,116
c. State General Funds				\$	+1,110
d. Other Revenue				\$	-
a. Other Revenue e. Total New Revenues	¢	•		1	042 245
	\$ -			\$	942,315
3. Total Revenues	\$ - \$ -	\$ -	\$ -	\$	942,315
		IS -	18 -	1 7	_ 1
C. One-Time CSS Funding Expenditures D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	2,098,800

Older Adult CSS Plan Full Service Partnerships Work Plan #OA-01

Budget Narrative – Year 2 July 2006 – June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$2,098,800 and MediCare/Medi-Cal FFP of \$942,315
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 205 individuals
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – N/A

County(ies)	Los Angeles		Fiscal Year: _	2007-2008
Program Work Plan #	OA-01		Date_	9/15/05
Program Work Plan Name	Older Adults - Full Service Partnerships		Page _	
Type of Funding	FSP		Months of Operation _	12
Pro	pposed Total Clients Capacity of Program/Services:	205	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by: _	A. McConner
Client Capa	city of Program/Services Expanded through MHSA:	205	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	_	-		\$ -
B. New Additional Positions					
					\$ -
Mental Health Counselor, RN			2.00		
Community Worker			5.00		
Psychiatric Social Worker II			2.00		
Supv. Psychiatric Social Worker			2.00		
Clinical Psycologist II			2.00		
Medical Case Worker II			5.00		
Secretary I			1.00		
Intermediate Typist Clerk			1.00		
Mental Health Psychiatrist			1.00		
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	21		\$ -
C. Total Progam Positions		=	21		\$ -

County(ies):	Los Angeles		Fiscal Year: _	2005-2006
Program Work Plan #:	OA-02		Date_	9/15/05
Program Work Plan Name:	Systems Transformation Team		Page _	
Type of Funding:	SD		Months of Operation _	6
	Proposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion _	Nev
	Existing Client Capacity of Program/Services:	N/A	Prepared by:	A. McConne
Clien	t Capacity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

	County Me Health Departme		Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures						
Client, Family Member and Caregiver Support Expenditures						
a. Clothing, Food and Hygiene					\$	-
b. Travel and Transportation					\$	-
c. Housing						
i. Master Leases					\$	-
ii. Subsidies					\$	_
iii. Vouchers					\$	_
iV. Other Housing					\$	_
d. Employment and Education Supports					\$	_
e. Other Support Expenditures (provide description in budget narrative)					\$	_
f. Total Support Expenditures	\$	_	\$ <u>-</u>	\$ -	\$	_
2. Personnel Expenditures	Ψ	_	<u>-</u>	<u>-</u>	Ψ_	
					•	
a. Current Existing Personnel Expenditures (from Staffing Detail)		1 506			\$	94 500
b. New Additional Personnel Expenditures (from Staffing Detail)	1	1,526			\$	84,526
c. Employee Benefits	1	5,746			\$	25,746
d. Total Personnel Expenditures	\$ 110	0,272	\$ -	\$ -	\$	110,272
3. Operating Expenditures					١.	
a. Professional Services (Consultations)	22	2,978			\$	22,978
b. Translation and Interpreter Services					\$	-
c. Travel and Transportation	2	2,200			\$	2,200
d. General Office Expenditures		200			\$	200
e. Rent, Utilities, and Equipment	4	1,600			\$	4,600
f. Medication and Medical Supplies					\$	-
g. Other Operating Expenses (provide description in budget narrative)	24	1,750			\$	24,750
h. Total Operating Expenditures	\$ 54	1,728	\$ -	\$ -	\$	54,728
4. Program Management						
a. Existing Program Management					\$	-
b. New Program Management					\$	-
d. Total Program Management			\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$	-			\$	-
6. Total Proposed Program Budget	\$ 165	5,000	\$ -	\$ -	\$	165,000
B. Revenue						
1. Existing Revenue						
a. Medi-Cal (FFP only)					\$	_
b. Medicare/Patient Fees/Patient Insurance					\$	_
c. Realignment					\$	-
d. State General Funds					\$	_
e. County Funds					\$	_
f. Grants					\$	_
g. Other Revenue					\$	-
	1.		e e	l _e	1	-
h. Total Existing Revenues	\$	-	-	-	\$	-
2. New Revenue						
a. Medi-Cal (FFP only)					\$	-
b. Medicare/Patient Fees/Patient Insurance					\$	-
c. State General Funds					\$	-
d. Other Revenue	1.			1.	\$	-
e. Total Existing Revenues	\$	-	\$ -	\$ -	\$	-
3. Total Revenues	\$	-	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$	-	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ 165	5,000	\$ -	\$ -	\$	165,000
E. Percentage of Total Funding Requirements for Full Service Partnerships						0%

Older Adult CSS Plan Transformation Design Team Work Plan OA-02

Budget Narrative – Year 1 January 2006 – June 2006

Description/Justification

Line Item

	•
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures a. N/A b. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care. c. Employee benefits at 30.459%
A.3.	 Operating Expenditures a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care. b. N/A c. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County. d. General office expenditures – includes paper, copying, desk supplies e. Includes computers and other technology needs
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not known, N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

County(ies):	Los Angeles		Fiscal Year: _	2005 -2006
Program Work Plan #	OA-02		Date _	9/15/05
Program Work Plan Name:	Systems Transformation Team		Page _	
Type of Funding:	SD		Months of Operation _	(
P	roposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:	N/A	Prepared by:	A. McConne
Client Capa	acity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
D. Nam Addisianal Danisiana	Total Current Existing Positions	-	<u>-</u>		\$ -
B. New Additional Positions Clinical Psychologist II (bi-lingual)			1.00	42,563	\$ 42,563
Clinical Psychologist II			1.00		\$ 41,963
omnear sychologist ii			1.00	41,303	\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
	Total New Additional Positions	_	2		\$ - \$ 84,526

County(ies):	Los Angeles		Fiscal Year: _	2006-2007
Program Work Plan #:	OA-02		Date	9/15/05
Program Work Plan Name:	Systems Transformation Team		Page	
Type of Funding:	SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	Nev
	Existing Client Capacity of Program/Services: _	N/A	Prepared by:	A. McConne
Clien	t Capacity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

		nty Mental Health partment	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures						
Client, Family Member and Caregiver Support Expenditures						
a. Clothing, Food and Hygiene					\$	-
b. Travel and Transportation					\$	_
c. Housing					`	
i. Master Leases					\$	_
ii. Subsidies					\$	_
iii. Vouchers					\$	_
iV. Other Housing					\$	_
d. Employment and Education Supports					\$	_
e. Other Support Expenditures (provide description in budget narrative)					\$	_
f. Total Support Experiations f. Total Support Expenditures	\$		\$ <u>-</u>	\$ -	\$	_
2. Personnel Expenditures	۰	<u>-</u>	<u>-</u>	-	+*-	-
-						
a. Current Existing Personnel Expenditures (from Staffing Detail)		169,052			\$ \$	169,052
b. New Additional Personnel Expenditures (from Staffing Detail)		•			\$	
c. Employee Benefits		51,491	6	•	1	51,491
d. Total Personnel Expenditures	\$	220,543	\$ -	\$ -	\$	220,543
3. Operating Expenditures		50.007			_	50.007
a. Professional Services (Consultations)		53,237			\$	53,237
b. Translation and Interpreter Services					\$	-
c. Travel and Transportation		4,400			\$	4,400
d. General Office Expenditures		400			\$	400
e. Rent, Utilities, and Equipment		1,920			\$	1,920
f. Medication and Medical Supplies					\$	-
g. Other Operating Expenses (provide description in budget narrative)		49,500		1.	\$	49,500
h. Total Operating Expenditures	\$	109,457	\$ -		\$	109,457
4. Program Management						
a. Existing Program Management					\$	-
b. New Program Management					\$	-
d. Total Program Management			\$ -	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	-			\$	-
6. Total Proposed Program Budget	\$	330,000	\$ -		\$	330,000
B. Revenue						
1. Existing Revenue						
a. Medi-Cal (FFP only)					\$	-
b. Medicare/Patient Fees/Patient Insurance					\$	-
c. Realignment					\$	-
d. State General Funds					\$	-
e. County Funds					\$	-
f. Grants					\$	-
g. Other Revenue					\$	-
h. Total Existing Revenues	\$	-	\$ -	\$ -	\$	-
2. New Revenue						
a. Medi-Cal (FFP only)					\$	-
b. Medicare/Patient Fees/Patient Insurance					\$	-
c. State General Funds					\$	-
d. Other Revenue					\$	-
e. Total Existing Revenues	\$	=	\$ -	\$ -	\$	-
3. Total Revenues	\$	=	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$	-	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$	330,000	\$ -	\$ -	\$	330,000
E. Percentage of Total Funding Requirements for Full Service Partnerships						0%

Older Adult CSS Plan Transformation Design Team Work Plan OA-02

Budget Narrative – Year 3 FY 07-08

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures a. N/A b. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care. c. Employee benefits at 30.459%
A.3.	 Operating Expenditures a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care. b. N/A c. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County. d. General office expenditures – includes paper, copying, desk supplies e. Computers and other technology expenditures
A.4.	Program Management – N/A
A.5.	Est. Total Expenditures when service provider is not known – N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

County(ies):	Los Angeles		Fiscal Year:	2006-2007
Program Work Plan #:	OA-02		Date _	9/15/05
Program Work Plan Name	Systems Transformation Team		Page _	
Type of Funding:	SD		Months of Operation	12
P	roposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:	N/A	Prepared by:	A. McConner
Client Capa	acity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Clinical Psychologist II (bi-lingual)			1.00		\$ 85,126
Clinical Psychologist II			1.00	83,926	\$ 83,926
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Name Additional Desire		_		\$ - \$ 169,052
C. Total Program Positions	Total New Additional Positions	-	2		\$ 169,052 \$ 169,052
C. Total Progam Positions		-	2		φ 169,052

_	Fiscal Year: _	2007-2008
_	Date_	9/15/05
_	Page _	
_	Months of Operation _	12
::N/A	New Program/Services or Expansion _	New
:N/A	Prepared by:	A. McConner
ı: N/A	Telephone Number:	(213) 351-5244
	: N/A	Date Page Months of Operation S: N/A New Program/Services or Expansion S: N/A

		nty Mental Health partment	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures						
Client, Family Member and Caregiver Support Expenditures						
a. Clothing, Food and Hygiene					\$	-
b. Travel and Transportation					\$	_
c. Housing					`	
i. Master Leases					\$	_
ii. Subsidies					\$	_
iii. Vouchers					\$	_
iV. Other Housing					\$	_
d. Employment and Education Supports					\$	_
e. Other Support Expenditures (provide description in budget narrative)					\$	_
f. Total Support Experiations f. Total Support Expenditures	\$		\$ <u>-</u>	\$ -	\$	_
2. Personnel Expenditures	۰	<u>-</u>	<u>-</u>	-	+*-	-
-						
a. Current Existing Personnel Expenditures (from Staffing Detail)		169,052			\$ \$	169,052
b. New Additional Personnel Expenditures (from Staffing Detail)		•			\$	
c. Employee Benefits		51,491	6	•	1	51,491
d. Total Personnel Expenditures	\$	220,543	\$ -	\$ -	\$	220,543
3. Operating Expenditures		50.007				50.007
a. Professional Services (Consultations)		53,237			\$	53,237
b. Translation and Interpreter Services					\$	-
c. Travel and Transportation		4,400			\$	4,400
d. General Office Expenditures		400			\$	400
e. Rent, Utilities, and Equipment		1,920			\$	1,920
f. Medication and Medical Supplies					\$	-
g. Other Operating Expenses (provide description in budget narrative)		49,500		1.	\$	49,500
h. Total Operating Expenditures	\$	109,457	\$ -		\$	109,457
4. Program Management						
a. Existing Program Management					\$	-
b. New Program Management					\$	-
d. Total Program Management			\$ -	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	-			\$	-
6. Total Proposed Program Budget	\$	330,000	\$ -		\$	330,000
B. Revenue						
1. Existing Revenue						
a. Medi-Cal (FFP only)					\$	-
b. Medicare/Patient Fees/Patient Insurance					\$	-
c. Realignment					\$	-
d. State General Funds					\$	-
e. County Funds					\$	-
f. Grants					\$	-
g. Other Revenue					\$	-
h. Total Existing Revenues	\$	-	\$ -	\$ -	\$	-
2. New Revenue						
a. Medi-Cal (FFP only)					\$	-
b. Medicare/Patient Fees/Patient Insurance					\$	-
c. State General Funds					\$	-
d. Other Revenue					\$	-
e. Total Existing Revenues	\$	=	\$ -	\$ -	\$	-
3. Total Revenues	\$	=	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$	-	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$	330,000	\$ -	\$ -	\$	330,000
E. Percentage of Total Funding Requirements for Full Service Partnerships						0%

Older Adult CSS Plan Transformation Design Team Work Plan OA-02

Budget Narrative – Year 2 FY 06-07

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	 Personnel Expenditures a. N/A b. Clinical Psychologists (2.0 FTE) identify evidence-based practices, develop programs, plan outcome evaluations and develop data for older adult system of care. c. Employee benefits at 30.459%
A.3.	 Operating Expenditures a. Professional Services (Consultations) – Experts with specialized research and program development backgrounds will provide consultation regarding program development, data collection and analysis, and demographic data collection for older adult system of care. b. N/A c. Travel and Transportation – includes the cost of traveling to professional meetings and to programs within Los Angeles County. d. General office expenditures – includes paper, copying, desk supplies e. Computers and other technology expenditures
A.4.	Program Management – N/A
A.5.	Est. Total Expenditures when service provider is not known – N/A
A.6.	Total Program Budget – includes MHSA funding only.
B.	Revenue – N/A
C.	One-Time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

County(ies)	Los Angeles		Fiscal Year: _	2007-2008
Program Work Plan #	OA-02		Date	9/15/05
Program Work Plan Name	Systems Transformation Team		Page	
Type of Funding	SD		Months of Operation	12
Р	roposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:	N/A	Prepared by:	A. McConne
Client Capa	acity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions			4.00	05.400	ф 05.400
Clinical Psychologist II (bi-lingual) Clinical Psychologist II			1.00 1.00		\$ 85,126 \$ 83,926
Clinical Psychologist II			1.00	03,920	\$ 63,926
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions		2		\$ 169,052
C. Total Progam Positions		-	2		\$ 169,052

Program Work Plan #: OA-03 Date	9/15/05
Trogram Work Flam.	
Program Work Plan Name: Older Adults - Field Capable Clinical Services Page	
Type of Funding: FSP; SD Months of Operation	6
Proposed Total Clients Capacity of Program/Services: 1,053 New Program/Services or Expansion	New
Existing Client Capacity of Program/Services: Prepared by:	A. McConner
Client Capacity of Program/Services Expanded through MHSA: 1,053 Telephone Number: (21	13) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	\$ -			\$	_
2. Personnel Expenditures	Ψ -	<u>-</u>	<u>-</u>	+*-	<u>-</u>
				•	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits	-			\$	-
d. Total Personnel Expenditures	\$ -	-		\$	-
3. Operating Expenditures					
a. Professional Services (Service Area Multi-System Clinical Consultations)				\$	-
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation				\$	-
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	4,271,011
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	4,271,011
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	=
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	\$ -			\$	_
2. New Revenue	Ŧ "] -	•	*	
a. Medi-Cal (FFP only)				\$	1,645,077
b. Medicare/Patient Fees/Patient Insurance				\$	86,583
c. State General Funds				\$	30,303
				\$	-
		1	1	1	-
d. Other Revenue	¢.	•	l e	Iσ	4 704 004
d. Other Revenue e. Total New Revenues	\$ -	\$ -	\$ -	\$	1,731,661
d. Other Revenue e. Total New Revenues 3. Total Revenues	\$ -	\$ -	\$ -	\$	1,731,661 1,731,661
d. Other Revenue e. Total New Revenues		· .		1	

Older Adult CSS Plan Field Capable Clinical Services Work Plan #OA-03

Budget Narrative – January 2006 – June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – MHSA funds of \$2,539,350 and MediCare/Medi-Cal FFP of \$1,731,661
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 1053 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

Note: As we move into the development of new service delivery models for Older Adults, we recognize that estimates of revenue and cost per client may differ from our initial projections. The numbers of clients to be served and associated costs represent our best projections given current available information. Projections of numbers of individuals who will enroll in CSS programs and dollars that will be spent are also based on the assumption that programs will be fully operational early in the first six months of MHSA funding. To the extent that circumstances mitigate against a rapid implementation, projections may need to be reexamined early in the first year of funding.

County(ies):	Los Angeles		Fiscal Year: _	2005-2006
Program Work Plan #:	OA-03		Date	9/15/05
Program Work Plan Name:	Older Adults - Field Capable Clinical Services		Page	
Type of Funding:	FSP; SD		Months of Operation	
P	roposed Total Clients Capacity of Program/Services:	1,053	New Program/Services or Expansion	Nev
	Existing Client Capacity of Program/Services:		Prepared by:	A. McConne
Client Capa	acity of Program/Services Expanded through MHSA:	1,053	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	_	_		\$ -
B. New Additional Positions					
					\$ -
Psychiatric Social Worker II (PSWII)			10		\$ -
Mental Health Counselor, RN			20		\$ -
Clinical Psychologist II			6		\$ -
Mental Health Psychiatrist			6		\$ -
Medical Case Worker II			30		\$ -
Intermediate Typist Clerk			8		\$ -
Secretary I			8		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Nam Addition - 1 Decitions		00		\$ - \$ -
	Total New Additional Positions	-	88		\$ -

County(ies): Los Angeles		Fiscal Year: _	2006-2007
Program Work Plan #: OA-03		Date_	9/15/05
Program Work Plan Name: Older Adults - Field Capable Clinical Services		Page _	
Type of Funding: FSP; SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	2,106	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:		Prepared by: _	A. McConner
Client Capacity of Program/Services Expanded through MHSA:	2,106	Telephone Number: _	(213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing				'	
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	s -	\$ -	-	\$	_
2. Personnel Expenditures	<u> </u>	-	<u>-</u>	Ψ	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	_
c. Employee Benefits				\$	-
	 \$	\$ <u>-</u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	-
d. Total Personnel Expenditures	<u>-</u>	<u>-</u>	<u> </u>	+	-
3. Operating Expenditures					
a. Professional Services (Service Area Multi-System Clinical Consultations)				_	
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	=
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	-
4. Program Management				١.	
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	\$ -	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$	8,542,021
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	8,542,021
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	3,290,155
b. Medicare/Patient Fees/Patient Insurance				\$	173,166
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total New Revenues	\$ -	\$ -		\$	3,463,321
3. Total Revenues	\$ -	\$ -	-	\$	3,463,321
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	_
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	5,078,700
E. Percentage of Total Funding Requirements for Full Service Partnerships		<u></u> _			5%

Older Adult CSS Plan Field Capable Clinical Services Work Plan #OA-03

Budget Narrative – Year 2 July 2006 – June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$5,078,700 and MediCare/Medi-Cal FFP of \$3,463,321
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 2106 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

County(ies):	Los Angeles		Fiscal Year: _	2006-2007
Program Work Plan #:	OA-03		Date _	9/15/05
Program Work Plan Name:	Older Adults - Field Capable Clinical Services		Page _	
Type of Funding:	FSP; SD		Months of Operation	12
Pr	oposed Total Clients Capacity of Program/Services:	2,106	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by:	A. McConner
Client Capa	city of Program/Services Expanded through MHSA:	2,106	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
					\$ -
Psychiatric Social Worker II (PSWII)			10		\$ -
Mental Health Counselor, RN			20		\$ -
Clinical Psychologist II			6		\$ -
Mental Health Psychiatrist			6		\$ - \$ -
Medical Case Worker II			30 8		\$ -
Intermediate Typist Clerk Secretary I			8		\$ -
Secretary i			0		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	88		\$ -
C. Total Progam Positions		=	88		\$ -

County(ies): Los Angeles		Fiscal Year: _	2007-2008
Program Work Plan #: OA-03		Date_	9/15/05
Program Work Plan Name: Older Adults - Field Capable Clinical Services		Page _	
Type of Funding: FSP; SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	2,106	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:	0	Prepared by: _	A. McConner
Client Capacity of Program/Services Expanded through MHSA:	2,106	Telephone Number:	(213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing				`	
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
				\$	-
e. Other Support Expenditures (provide description in budget narrative)	Φ.			\$	-
f. Total Support Expenditures	\$ -	\$ -		12	-
2. Personnel Expenditures				_	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits				\$	-
d. Total Personnel Expenditures	\$ -	\$ -	\$ -	\$	-
3. Operating Expenditures					
a. Professional Services (Service Area Multi-System Clinical Consultations)					
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -		
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	-
d. Total Program Management		\$ -	- s	\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -		•	\$	8,542,021
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	8,542,021
B. Revenue	•	Ψ		+*-	0,012,021
Existing Revenue					
a. Medi-Cal (FFP only)				\$	
,				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				1	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	3,290,155
b. Medicare/Patient Fees/Patient Insurance				\$	173,166
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total New Revenues	\$ -	\$ -	\$ -	\$	3,463,321
3. Total Revenues	\$ -	\$ -	\$ -	\$	3,463,321
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	5,078,700
E. Percentage of Total Funding Requirements for Full Service Partnerships					5%

Older Adult CSS Plan Field Capable Clinical Services Work Plan #OA-03

Budget Narrative – Year 3 July 2007 – June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$5,078,700 and MediCare/Medi-Cal FFP of \$3,463,321
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	Projected Medicare/Medi-Cal (FFP) Revenue for 2106 clients
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – N/A
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 8%

2007-2008	Fiscal Year: _		: Los Angeles	County(ies):
9/15/05	Date _		:: OA-03	Program Work Plan #:
	Page _		e: Older Adults - Field Capable Clinical Services	Program Work Plan Name:
12	Months of Operation _		: FSP; SD	Type of Funding:
New	New Program/Services or Expansion _	2,106	Proposed Total Clients Capacity of Program/Services:	Pr
A. McConner	Prepared by: _		Existing Client Capacity of Program/Services:	
(213) 351-5244	Telephone Number:	2,106	acity of Program/Services Expanded through MHSA:	Client Capa

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
					\$ -
Psychiatric Social Worker II (PSWII)			10		\$ -
Mental Health Counselor, RN			20		\$ -
Clinical Psychologist II			6		\$ -
Mental Health Psychiatrist			6		\$ -
Medical Case Worker II			30		\$ -
Intermediate Typist Clerk			8		\$ -
Secretary I			8		\$ - \$ -
					•
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ - \$
					\$ - \$ -
					\$ - \$
	Total New Additional Positions	<u>-</u>	88		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

County(ies)	Los Angeles		Fiscal Year:	2005-2006
Program Work Plan #	OA-04		Date	9/15/05
Program Work Plan Name	Older Adult Service Extenders		Page	
Type of Funding	FSP; SD		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	350	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	A. McConner
Clie	nt Capacity of Program/Services Expanded through MHSA:	350	Telephone Number:	(213) 351-5244

	County Ment Health Departmen		Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene					\$ -
b. Travel and Transportation					\$ -
c. Housing					
i. Master Leases					\$ -
ii. Subsidies					\$ -
iii. Vouchers					\$ -
iV. Other Housing					\$ -
d. Employment and Education Supports					\$ -
e. Other Support Expenditures (provide description in budget narrative)					\$ -
f. Total Support Expenditures	\$	-	\$ -	\$ -	\$ -
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)					\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)					\$ -
c. Employee Benefits					\$ -
d. Total Personnel Expenditures	\$	-	\$ -	\$ -	\$ -
3. Operating Expenditures					
a. Professional Services					\$ -
b. Translation and Interpreter Services					\$ -
c. Travel and Transportation					\$ -
d. General Office Expenditures					\$ -
e. Rent, Utilities, and Equipment					\$ -
f. Medication and Medical Supplies					\$ -
g. Other Operating Expenses (provide description in budget narrative)					\$ -
h. Total Operating Expenditures	\$	-	\$ -	\$ -	\$ -
4. Program Management					
a. Existing Program Management					\$ -
b. New Program Management					\$ -
d. Total Program Management			\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$	-			\$ 123,750
6. Total Proposed Program Budget	\$	-	\$ -	\$ -	\$ 123,750
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)					\$ -
b. Medicare/Patient Fees/Patient Insurance					\$ -
c. Realignment					\$ -
d. State General Funds					\$ -
e. County Funds					\$ -
f. Grants					\$ -
g. Other Revenue					\$ -
h. Total Existing Revenues	\$	-	\$ -	\$ -	\$ -
2. New Revenue					
a. Medi-Cal (FFP only)					\$ -
b. Medicare/Patient Fees/Patient Insurance					\$ -
c. State General Funds					\$ -
d. Other Revenue					\$ =
e. Total Existing Revenues	\$	-	\$ -	\$ -	\$ -
3. Total Revenues	\$	-	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$	-	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$		\$ -	\$ -	\$ 123,750
E. Percentage of Total Funding Requirements for Full Service Partnerships					50%

Older Adult CSS Plan Service Extenders Work Plan #OA-04

Budget Narrative January 2006-June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – \$123,750
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

County(ies)	: Los Angeles		Fiscal Year: _	2005-2006
Program Work Plan #	OA-04		Date _	9/15/05
Program Work Plan Name	Older Adult Service Extenders		Page _	
Type of Funding	: FSP; SD		Months of Operation _	6
Р	roposed Total Clients Capacity of Program/Services: _	350	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by:	A. McConner
Client Capa	acity of Program/Services Expanded through MHSA:	350	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
			1.00		\$ -
Psychiatric Social Worker II					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	1		\$ -
C. Total Progam Positions		=	1		\$ -

2006-2007	Fiscal Year:		ies): Los Angeles	County(ies):
9/15/05	Date _		n #: OA-04	Program Work Plan #:
	Page _		me: Service Extenders	Program Work Plan Name:
12	Months of Operation		ling: FSP; SD	Type of Funding:
New	New Program/Services or Expansion	660	Proposed Total Clients Capacity of Program/Services:	
A. McConner	Prepared by:	0	Existing Client Capacity of Program/Services:	
(213) 351-5244	Telephone Number:	660	Client Capacity of Program/Services Expanded through MHSA:	Clier

	County Mer Health Departme		Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene					\$ -
b. Travel and Transportation					\$ -
c. Housing					
i. Master Leases					\$ -
ii. Subsidies					\$ -
iii. Vouchers					\$ -
iV. Other Housing					\$ -
d. Employment and Education Supports					\$ -
e. Other Support Expenditures (provide description in budget narrative)					\$ -
f. Total Support Expenditures	\$	-	\$ -	\$ -	\$ -
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)					\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)					\$ -
c. Employee Benefits					\$ -
d. Total Personnel Expenditures	\$	-	\$ -	\$ -	\$ -
3. Operating Expenditures					
a. Professional Services					\$ -
b. Translation and Interpreter Services					\$ -
c. Travel and Transportation					\$ -
d. General Office Expenditures					\$ -
e. Rent, Utilities, and Equipment					\$ -
f. Medication and Medical Supplies					\$ -
g. Other Operating Expenses (provide description in budget narrative)					\$ -
h. Total Operating Expenditures	\$	-	\$ -	\$ -	\$ -
4. Program Management					
a. Existing Program Management					\$ -
b. New Program Management					\$ -
d. Total Program Management			\$ -	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$	-			\$ 247,500
6. Total Proposed Program Budget	\$	-	\$ -	\$ -	\$ 247,500
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)					\$ -
b. Medicare/Patient Fees/Patient Insurance					\$ -
c. Realignment					\$ -
d. State General Funds					\$ -
e. County Funds					\$ -
f. Grants					\$ -
g. Other Revenue					\$ -
h. Total Existing Revenues	\$	-	\$ -	\$ -	\$ -
2. New Revenue					
a. Medi-Cal (FFP only)					\$ -
b. Medicare/Patient Fees/Patient Insurance					\$ -
c. State General Funds					\$ -
d. Other Revenue					\$ -
e. Total Existing Revenues	\$	-	\$ -	\$ -	\$ -
3. Total Revenues	\$	_	\$ -	\$ -	\$ =
C. One-Time CSS Funding Expenditures	\$	-	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$	_	\$ -	\$ -	\$ 247,500
E. Percentage of Total Funding Requirements for Full Service Partnerships					50%

Older Adult CSS Plan Service Extenders Work Plan #OA-04

Budget Narrative Year 2 FY 06-07

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$247,500
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements –MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

2006-2007	Fiscal Year: _		s): Los Angeles	County(ies):
9/15/05	Date _		#: OA-04	Program Work Plan #:
	Page _		ne: Service Extenders	Program Work Plan Name:
12	Months of Operation		ng: FSP; SD	Type of Funding:
New	New Program/Services or Expansion _	660	Proposed Total Clients Capacity of Program/Services:	Pr
A. McConner	Prepared by: _	0	Existing Client Capacity of Program/Services:	
(213) 351-5244	Telephone Number:	660	pacity of Program/Services Expanded through MHSA:	Client Capa

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ - \$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Psychiatric Social Worker II			1.00		\$ -
1					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions		1		\$ -
C. Total Progam Positions		-	1		\$ -

a/ Enter the number of FTE positions that will be staffed with clients, family members, or caregivers.

Note: Additional dollars will be dedicated to stipends for clien

b/ Include any bi-lingual pay supplements (if applicable(. Round each amount to the nearest whole dollar.

2007-2008	Fiscal Year:		: Los Angeles	County(ies):
9/15/05	Date		: OA-04	Program Work Plan #
	Page		: Service Extenders	Program Work Plan Name:
12	Months of Operation		: FSP; SD	Type of Funding:
New	New Program/Services or Expansion	660	Proposed Total Clients Capacity of Program/Services:	
A. McConner	Prepared by:		Existing Client Capacity of Program/Services:	
(213) 351-5244	Telephone Number:	660	ent Capacity of Program/Services Expanded through MHSA:	Clie

	County Menta Health Department	ı	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene					\$ -
b. Travel and Transportation					\$ -
c. Housing					
i. Master Leases					\$ -
ii. Subsidies					\$ -
iii. Vouchers					\$ -
iV. Other Housing					\$ -
d. Employment and Education Supports					\$ -
e. Other Support Expenditures (provide description in budget narrative)					\$ -
f. Total Support Expenditures	\$ -	\$	-	\$ -	\$ -
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)					\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)					\$ -
c. Employee Benefits					\$ -
d. Total Personnel Expenditures	\$ -	\$	-	\$ -	\$ -
3. Operating Expenditures					
a. Professional Services					
b. Translation and Interpreter Services					\$ -
c. Travel and Transportation					\$ -
d. General Office Expenditures					\$ -
e. Rent, Utilities, and Equipment					\$ -
f. Medication and Medical Supplies					\$ -
g. Other Operating Expenses (provide description in budget narrative)					\$ -
h. Total Operating Expenditures	\$ -	\$	-	\$ -	\$ -
4. Program Management					
a. Existing Program Management					\$ -
b. New Program Management					\$ -
d. Total Program Management		\$	-	\$ -	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -				\$ 247,500
6. Total Proposed Program Budget	\$ -	\$	-	\$ -	\$ 247,500
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)					\$ =
b. Medicare/Patient Fees/Patient Insurance					\$ -
c. Realignment					\$ -
d. State General Funds					\$ -
e. County Funds					\$ -
f. Grants					\$ -
g. Other Revenue					\$ -
h. Total Existing Revenues	\$ -	\$	· -	\$ -	\$ -
2. New Revenue					
a. Medi-Cal (FFP only)					\$ -
b. Medicare/Patient Fees/Patient Insurance					\$ -
c. State General Funds					\$ -
d. Other Revenue					\$ -
e. Total Existing Revenues	\$ -	\$	-	\$ -	\$ -
3. Total Revenues	\$ -	\$	-	\$ -	\$ =
C. One-Time CSS Funding Expenditures	\$ -	\$	3 -	\$ -	\$ -
D. Total Funding Requirements	\$ -	\$	-	\$ -	\$ 247,500
E. Percentage of Total Funding Requirements for Full Service Partnerships					50%

Older Adult CSS Plan Service Extenders Work Plan #OA-04

Budget Narrative Year 3 FY 07-08

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – N/A
A.4.	Program Management – N/A
A.5.	Estimated Total Expenditures when service provider is not know – includes proposed expenditure of \$247,500
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 50%

County(ies):	Los Angeles		Fiscal Year: _	2007-2008
Program Work Plan #:	OA-04		Date _	9/15/05
Program Work Plan Name:	Service Extenders		Page _	
Type of Funding:	FSP; SD		Months of Operation	12
Pr	oposed Total Clients Capacity of Program/Services:	660	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by:	A. McConner
Client Capa	city of Program/Services Expanded through MHSA:	660	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	_	_		\$ - \$ -
B. New Additional Positions	Total Current Existing Positions		-		φ -
Psychiatric Social Worker II			1.00		\$ -
,,	•				\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	1		\$ -
C. Total Progam Positions		=	1		\$ -

County(ies	: Los Angeles		Fiscal Year:	2005-2006
Program Work Plan #	:: OA-05		Date	9/13/05
Program Work Plan Name	: Older Adults - Training		Page	
Type of Funding	: FSP; SD		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _	N/A	Prepared by:	A. McConner
Clie	nt Capacity of Program/Services Expanded through MHSA: _	N/A	Telephone Number:	(213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	\$ -	\$ -		\$	-
2. Personnel Expenditures	<u>-</u>	-	<u>-</u>	Ψ	<u>-</u>
				•	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	=
c. Employee Benefits				\$	-
d. Total Personnel Expenditures		\$ -		\$	-
3. Operating Expenditures					
a. Professional Services				\$	99,429
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures				\$	=
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)				\$	-
h. Total Operating Expenditures	\$ -	\$ -	\$ -	\$	99,429
4. Program Management					
a. Existing Program Management				\$	-
b. New Program Management				\$	=
d. Total Program Management		\$ -	\$ -	\$	=
5. Estimated Total Expenditures when service provider is not known	\$ -				
6. Total Proposed Program Budget		\$ -	\$ -	\$	99,429
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. Realignment				\$	_
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	=
g. Other Revenue				\$	-
				1	=
h. Total Existing Revenues	\$ -	\$ -	-	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	=
d. Other Revenue	1.	1.	1.	\$	-
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$	=
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements		\$ -	\$ -	\$	99,429
E. Percentage of Total Funding Requirements for Full Service Partnerships					0%

Older Adult CSS Plan Training Work Plan#OA-05

Budget Narrative – January 2006-June 2006

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at \$99,429
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

County(ies):	Los Angeles		Fiscal Year:	2005-2006
Program Work Plan #	: OA-05		Date	9/13/05
Program Work Plan Name	Older Adults - Training		Page	
Type of Funding:	FSP; SD		Months of Operation	6
P	roposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:	N/A	Prepared by:	A. McConner
Client Capa	acity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					Φ.
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
	Total New Additional Positions	_	<u>-</u>		\$ -
C. Total Progam Positions	Total New Additional Fositions	_	-		\$ -

County(ies):	Los Angeles		Fiscal Year: _	2006-2007
Program Work Plan #:	OA-05		Date	9/13/05
Program Work Plan Name:	Older Adults - Training		Page	
Type of Funding:	FSP; SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	Nev
	Existing Client Capacity of Program/Services: _	N/A	Prepared by:	A. McConne
Clien	t Capacity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	_
iV. Other Housing				\$	-
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	- \$	\$ -	-	\$	-
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits				\$	-
d. Total Personnel Expenditures		\$ -	-	\$	=
3. Operating Expenditures					
a. Professional Services				\$	198,858
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures				\$	=
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	=
g. Other Operating Expenses (provide description in budget narrative)				\$	_
h. Total Operating Expenditures	-	-	-	\$	198,858
4. Program Management					-
a. Existing Program Management				\$	=
b. New Program Management					
d. Total Program Management		\$ -	-	\$	=
5. Estimated Total Expenditures when service provider is not known	\$ -				
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	198,858
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	=
b. Medicare/Patient Fees/Patient Insurance				\$	=
c. Realignment				\$	=
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	_
g. Other Revenue				\$	_
h. Total Existing Revenues	- \$	- s	-	\$	_
2. New Revenue	'	ľ	1	Ĭ .	
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. State General Funds				\$	_
d. Other Revenue				\$	_
e. Total New Revenues		\$ <u>-</u>	\$ -	\$	_
3. Total Revenues	\$ -	\$ -	\$	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	198,858
5. Total : unumg requirements	<u>-</u>	ΙΨ -	ıΨ	Ψ	190,000

Older Adult CSS Plan Training Work Plan#OA-05

Budget Narrative – Year 2 July 2006-June 2007

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at \$198,858
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

County(ies):	Los Angeles		Fiscal Year:	2006-2007
Program Work Plan #:	OA-05		Date	9/13/05
Program Work Plan Name:	Older Adults - Training		Page	
Type of Funding:	FSP; SD		Months of Operation	12
Pi	roposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:	N/A	Prepared by:	A. McConner
Client Capa	icity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					Φ.
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
	Total New Additional Positions	_	<u>-</u>		\$ -
C. Total Progam Positions	Total New Additional Fositions	_	-		\$ -

County(ies	: Los Angeles		Fiscal Year:	2007-2008
Program Work Plan #	t: OA-05		Date	9/13/05
Program Work Plan Name	e: Older Adults - Training		Page	
Type of Funding	g: FSP; SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _	N/A	Prepared by:	A. McConner
Clie	nt Capacity of Program/Services Expanded through MHSA: _	N/A	Telephone Number:	(213) 351-5244

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	_
c. Housing					
i. Master Leases				\$	-
ii. Subsidies				\$	-
iii. Vouchers				\$	_
iV. Other Housing				\$	-
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	-
f. Total Support Expenditures	- \$	\$ -	-	\$	-
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	-
c. Employee Benefits				\$	-
d. Total Personnel Expenditures		\$ -	-	\$	=
3. Operating Expenditures					
a. Professional Services				\$	198,858
b. Translation and Interpreter Services				\$	-
c. Travel and Transportation					
d. General Office Expenditures				\$	=
e. Rent, Utilities, and Equipment				\$	=
f. Medication and Medical Supplies				\$	=
g. Other Operating Expenses (provide description in budget narrative)				\$	_
h. Total Operating Expenditures	-	-	-	\$	198,858
4. Program Management					-
a. Existing Program Management				\$	=
b. New Program Management					
d. Total Program Management		\$ -	-	\$	=
5. Estimated Total Expenditures when service provider is not known	\$ -				
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	198,858
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	=
b. Medicare/Patient Fees/Patient Insurance				\$	=
c. Realignment				\$	=
d. State General Funds				\$	_
e. County Funds				\$	_
f. Grants				\$	_
g. Other Revenue				\$	_
h. Total Existing Revenues	- \$	- s	-	\$	_
2. New Revenue	'	ľ	1	Ĭ .	
a. Medi-Cal (FFP only)				\$	_
b. Medicare/Patient Fees/Patient Insurance				\$	_
c. State General Funds				\$	_
d. Other Revenue				\$	_
e. Total New Revenues		\$ <u>-</u>	\$ -	\$	_
3. Total Revenues	\$ -	\$ -	\$	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	-
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	198,858
5. Total : unumg requirements	<u>-</u>	ΙΨ -	ıΨ	Ψ	190,000

Older Adult CSS Plan Training Work Plan#OA-05

Budget Narrative – Year 3 July 2007-June 2008

Line Item	Description/Justification
A.1.	Expenditures – N/A
A.2.	Personnel Expenditures – N/A
A.3.	Operating Expenditures – Includes purchased services of consultants with specialized expertise in Recovery-oriented programs for clients, family members and allied professionals at \$198,858
A.4.	Program Management – N/A
A.5.	N/A
A.6.	Total Program Budget
B. 1.	Existing revenue - N/A
B.2.	New Revenue – N/A
C.	One time CSS Funding Expenditures – N/A
D.	Total Funding Requirements – MHSA Funds
E.	Percentage of Total Funding Requirements for Full Service Partnerships – 24%

County(ies):	Los Angeles		Fiscal Year:	2007-2008
Program Work Plan #:	OA-05		Date	9/13/05
Program Work Plan Name:	Older Adults - Training		Page	
Type of Funding:	FSP; SD		Months of Operation	12
Pr	roposed Total Clients Capacity of Program/Services:	N/A	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:	N/A	Prepared by:	A. McConner
Client Capa	icity of Program/Services Expanded through MHSA:	N/A	Telephone Number:	(213) 351-5244

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					Φ.
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
	Total New Additional Positions	_	<u>-</u>		\$ -
C. Total Progam Positions	Total New Additional Fositions	_	-		\$ -

County(ies):	LOS ANGELES		Fiscal Year:	2005-2006
Program Work Plan #:	SN-01		Date	9/8/05
Program Work Plan Name:	Service Area Navigator Teams		Page	
Type of Funding:	SD		Months of Operation	6
	Proposed Total Clients Capacity of Program/Services: _	2390	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by:	D. Innes-Gomberg
Clien	t Capacity of Program/Services Expanded through MHSA:	2390	Telephone Number:	562-435-2337

			unty Mental Health epartment	Gove	ther ernment encies	Mer C	ommunity ntal Health Contract roviders		Total
A. Expe	enditures								
1	. Client, Family Member and Caregiver Support Expenditures								
	a. Clothing, Food and Hygiene							\$	-
	b. Travel and Transportation							\$	-
	c. Housing								
	i. Master Leases							\$	=
	ii. Subsidies							\$	=
	iii. Vouchers							\$	_
	iV. Other Housing							\$	_
	d. Employment and Education Supports							\$	· -
	e. Other Support Expenditures (provide description in budget narrative)							\$	-
	f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
	Personnel Expenditures	+		Ι Ψ		 		+*-	
_	a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	_
								\$	-
	b. New Additional Personnel Expenditures (from Staffing Detail)	1						1 '	-
	c. Employee Benefits	_	-	_		_		\$	-
	d. Total Personnel Expenditures	\$	-	\$	-	\$	-	\$	-
3	3. Operating Expenditures								
	a. Professional Services							\$	=
	b. Translation and Interpreter Services							\$	-
	c. Travel and Transportation								
	d. General Office Expenditures							\$	=
	e. Rent, Utilities, and Equipment							\$	-
	f. Medication and Medical Supplies							\$	-
	g. Other Operating Expenses (provide description in budget narrative)							\$	-
	h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4	. Program Management								
	a. Existing Program Management							\$	=
	b. New Program Management							\$	-
	d. Total Program Management			\$	-	\$	=	\$	-
5	. Estimated Total Expenditures when service provider is not known	\$	2,450,000					\$	2,450,000
	. Total Proposed Program Budget	\$	2,450,000	\$	-	\$	-	\$	2,450,000
B. Reve									
1	. Existing Revenue								
	a. Medi-Cal (FFP only)							\$	· -
	b. Medicare/Patient Fees/Patient Insurance							\$	-
	c. Realignment							\$	_
	d. State General Funds							\$	_
	e. County Funds							s s	-
	f. Grants							*	-
								\$	-
	g. Other Revenue	_		_		_		\$	-
_	h. Total Existing Revenues	\$	-	\$	-	\$	-	\$	-
2	New Revenue								
	a. Medi-Cal (FFP only)	1						\$	-
	b. Medicare/Patient Fees/Patient Insurance	1						\$	-
	c. State General Funds							\$	-
	d. Other Revenue	1						\$	-
	e. Total Existing Revenues	\$	-	\$	-	\$	-	\$	-
3	. Total Revenues	\$	-	\$	-	\$	-	\$	-
C 0no	-Time CSS Funding Expenditures	\$	-	\$	-	\$	-	\$	_
C. One									
	I Funding Requirements	\$	2,450,000	\$	-	\$	-	\$	2,450,000

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$2,450,000.
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - \$2,450,000.

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: SN-01		Date	9/8/05
Program Work Plan Name: Service Area Navigator Teams		Page _	
Type of Funding: SD		Months of Operation _	6
Proposed Total Clients Capacity of Program/Services:	2390	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	D. Innes-Gomberg
Client Capacity of Program/Services Expanded through MHSA:	2390	Telephone Number:	562-435-2337

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					_
1. Community Worker	Children's Navigation	4.00	8.00		\$ -
2. Mental Health Services Coord II	Children's Navigation,	4.00	16.00		\$ -
	Adult/Older Adult Navigation				_
3. Psychiatric Social Worker II	Children's Navigation	0.00	8.00		\$ -
3. Psychiatric Social Worker II	TAY Navigation	6.00	18.00 8.00		\$ - \$ -
4. Intermediate Typist Clerk5. Supervising Psychiatric Social Worker	Support for Children's Navigation Oversee TAY Navigation		2.00		\$ -
3. Supervising it sychiatric obeial worker	- Versee TAT Navigation		2.00		Ψ -
	Total New Additional Positions		60.00		\$ -
C. Total Program Positions		14.00	60.00		\$ -

County(ies)	: LOS ANGELES		Fiscal Year:	2006-2007
Program Work Plan #	SN-01		Date	9/8/05
Program Work Plan Name	Service Area Navigator Teams		Page	
Type of Funding	: SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	8160	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by:	D. Innes-Gomberg
Clier	nt Capacity of Program/Services Expanded through MHSA: _	8160	Telephone Number:	562-435-2337

	1	nty Mental Health partment	Othei Governn Agenci	ent	Commu Mental He Contra Provide	ealth ct		Total
A. Expenditures								
Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	-
c. Housing								
i. Master Leases							\$	_
ii. Subsidies							\$	_
iii. Vouchers							\$	_
iV. Other Housing							\$	-
d. Employment and Education Supports							\$	-
e. Other Support Expenditures (provide description in budget narrative)							\$	-
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	+ -		Ψ		Ψ		Ψ	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	_
c. Employee Benefits							\$	-
d. Total Personnel Expenditures	\$	-	\$		\$		\$	-
·	Φ	-	Φ	-	Φ	-	Φ	
3. Operating Expenditures a. Professional Services							\$	
								-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation								
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	=
f. Medication and Medical Supplies							\$	=
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	4,900,000					\$	4,900,000
6. Total Proposed Program Budget	\$	4,900,000	\$	-	\$	-	\$	4,900,000
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	=
e. County Funds							\$	-
f. Grants							\$	-
g. Other Revenue							\$	-
h. Total Existing Revenues	\$	=	\$	-	\$	-	\$	=
2. New Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. State General Funds							\$	-
d. Other Revenue							\$	-
e. Total Existing Revenues	\$	-	\$	-	\$	-	\$	-
3. Total Revenues	\$	-	\$	-	\$	-	\$	=
C. One-Time CSS Funding Expenditures	\$	-	\$	-	\$	-	\$	-
D. Total Funding Requirements	\$	4,900,000	\$	-	\$	-	\$	4,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships								

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$4,900,000
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - \$4,900,000.

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: SN-01		Date	9/8/05
Program Work Plan Name: Service Area Navigator Teams		Page _	
Type of Funding: SD		Months of Operation	12
Proposed Total Clients Capacity of Program/Services:	8160	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by: _	D. Innes-Gomberg
Client Capacity of Program/Services Expanded through MHSA:	8160	Telephone Number:	562-435-2337

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					-
					-
					\$ -
					-
					\$ -
					-
					-
					-
					-
					-
					\$ -
					\$ -
					-
					\$ - \$ -
					\$ -
					- \$ -
					\$ -
	Total Current Existing Positions	_	0.00		\$ -
B. New Additional Positions	Total Current Existing Fositions	-	0.00		Ψ -
Community Worker	Children's Navigation	4.00	8.00		-
Mental Health Services Coord II	Children's Navigation,	4.00	16.00		\$ -
2. Memar regian convices coord in	Adult/Older Adult	1.00	10.00		*
3. Psychiatric Social Worker II	Children's Navigation		8.00		
3. Psychiatric Social Worker II	TAY Navigation	6.00	18.00		
4. Intermediate Typist Clerk	Support for Children's Navigation		8.00		
5. Supervising Psychiatric Social Worker	Oversee TAY Navigation		2.00		
	Total New Additional Positions		60.00		\$ -
C. Total Program Positions		14.00	60.00		\$ -

County(ies)	LOS ANGELES		Fiscal Year:	2007-2008
Program Work Plan #	SN-01		Date	9/8/05
Program Work Plan Name	Service Area Navigator Teams		Page	
Type of Funding	SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	8160	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	D. Innes-Gomberg
Clier	nt Capacity of Program/Services Expanded through MHSA:	8160	Telephone Number:	562-435-2337

	1	nty Mental Health partment	Othe Govern Agend	nent	Menta Co	munity al Health ntract viders		Total
A. Expenditures								
Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	_
b. Travel and Transportation							\$	_
c. Housing								
i. Master Leases							\$	_
ii. Subsidies							\$	-
iii. Vouchers							\$	_
iV. Other Housing							\$	_
d. Employment and Education Supports							\$	_
e. Other Support Expenditures (provide description in budget narrative)							\$	_
	\$		\$		\$		\$	_
f. Total Support Expenditures	Ψ.	-	Φ	-	J	-	Φ	-
2. Personnel Expenditures							φ.	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)							\$	-
c. Employee Benefits		-					\$	-
d. Total Personnel Expenditures	\$	-	\$	-	\$	-	\$	-
3. Operating Expenditures								
a. Professional Services							\$	-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation								
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management							\$	_
d. Total Program Management			\$	-	\$	-	\$	_
5. Estimated Total Expenditures when service provider is not known	\$	4,900,000					\$	4,900,000
6. Total Proposed Program Budget	\$	4,900,000	\$	-	\$	-	\$	4,900,000
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	_
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	_
d. State General Funds							\$	_
e. County Funds							\$	_
f. Grants							\$	_
g. Other Revenue							\$	_
h. Total Existing Revenues	\$		\$		\$		\$	_
<u>-</u>	۳	-	Ψ	-	Φ	-	Ψ	-
2. New Revenue								
a. Medi-Cal (FFP only)							\$	=
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. State General Funds							\$	=
d. Other Revenue							\$	-
e. Total Existing Revenues	\$	-	\$	-	\$	-	\$	-
3. Total Revenues	\$	-	\$	-	\$	-	\$	-
C. One-Time CSS Funding Expenditures	\$	-	\$	-	\$	-	\$	-
D. Total Funding Requirements	\$	4,900,000	\$	-	\$	-	\$	4,900,000
E. Percentage of Total Funding Requirements for Full Service Partnerships								

SERVICE AREA NAVIGATOR TEAMS

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$4,900,000
A.6.	Total Program Budget – See Above
D.	Total Funding Requirements - \$4,900,000.

County(ies): LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #: SN-01		Date_	9/8/05
Program Work Plan Name: Service Area Navigator Teams		Page _	
Type of Funding: SD		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	8160	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:	0	Prepared by:	D. Innes-Gomberg
Client Capacity of Program/Services Expanded through MHSA:	8160	Telephone Number:	562-435-2337

Classification	Function	Clients, FM & CG FTEs a/	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
3					\$ <u>-</u>
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
1. Community Worker	Children's Navigation	4.00	8.00		\$ -
2. Mental Health Services Coord II	Children's Navigation,	4.00	16.00		\$ -
	Adult/Older Adult				
3. Psychiatric Social Worker II	Children's Navigation		8.00		\$ -
3. Psychiatric Social Worker II	TAY Navigation	6.00	18.00		\$ -
4. Intermediate Typist Clerk	Support for Children's Navigation		8.00		\$ -
5. Supervising Psychiatric Social Worker	Oversee TAY Navigation		2.00		\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	14.00	60.00		\$ -
C. Total Program Positions		14.00	60.00		\$ -

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: ACS-01a		Date_	9/16/05
Program Work Plan Name: Alternative Crisis Services - Urgent Care Centers		Page_	
Type of Funding: FSP; SD; Medi-Cal (FFP)		Months of Operation _	6
Proposed Total Clients Capacity of Program/Services:	3780	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by: _	Kathleen Daly
Client Capacity of Program/Services Expanded through MHSA:	3780	Telephone Number:	213-738-3079

		County Ment Health Department		Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures							
1. Client, Family Member and C	aregiver Support Expenditures						
a. Clothing, Food and Hygiene	9						
b. Travel and Transportation							
c. Housing							
i. Master Leases							
ii. Subsidies							
iii. Vouchers							
iV. Other Housing							
_	a Cunnorta						
d. Employment and Education							
	s (provide description in budget narrative)						
f. Total Support Expenditures						-	
2. Personnel Expenditures							
_	Expenditures (from Staffing Detail)						
	Expenditures (from Staffing Detail)						
c. Employee Benefits							
d. Total Personnel Expenditur	es						
3. Operating Expenditures							
a. Professional Services							
b. Translation and Interpreter	Services						
c. Travel and Transportation							
d. General Office Expenditure	es						
e. Rent, Utilities, and Equipm	ent						
f. Medication and Medical Su	pplies						
	(provide description in budget narrative)						
h. Total Operating Expenditur							
4. Program Management							
a. Existing Program Manager	nent					\$	_
b. New Program Managemen						\$	_
d. Total Program Managemer				\$ -		\$	_
	s when service provider is not known			Ψ	Ψ	\$	6,513,762
		\$ -		\$ -	\$ -	\$	6,513,762
6. Total Proposed Program But	aget .	1 p	- +	<u>-</u>	<u>-</u>	1 3	0,313,762
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)						\$	-
b. Medicare/Patient Fees/Pat	ient Insurance					\$	-
c. Realignment						\$	-
d. State General Funds						\$	-
e. County Funds						\$	-
f. Grants						\$	-
g. Other Revenue						\$	-
h. Total Existing Revenues		\$ -	-	\$ -	\$ -	\$	-
2. New Revenue							
a. Medi-Cal (FFP only)		863,3	380			\$	863,380
b. Medicare/Patient Fees/Pat	ient Insurance					\$	-
c. State General Funds						\$	-
d. Other Revenue						\$	-
e. Total New Revenues		\$ 863,3	380	\$ -		\$	863,380
3. Total Revenues		\$ 863,3		\$ -		\$	863,380
C. One-Time CSS Funding Expenditur	res	\$		\$ -	\$ -	\$	
D. Total Funding Requirements		\$ (863,3			\$ -	\$	5,650,382
		1 4 (000,0	/	Ψ	I *	ıΨ	5,550,502

ALTERNATIVE CRISIS SERVICES: URGENT CARE CENTERS

Budget Narrative - FY 2005-2006

Line Item	Description/Justification			
A.5.	Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$6,513,762.			
A.6.	Total Program Budget – See Above			
B.2.	New Revenue: a. Medi-Cal (FFP only) - \$863,380. This number represents projected FFP revenue for 6 months.			
D.	Total Funding Requirements - \$5,650,382.			

County(ies):	LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #:	ACS-01a		Date_	9/16/05
Program Work Plan Name:	Alternative Crisis Services - Urgent Care Centers		Page_	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation _	6
Pr	oposed Total Clients Capacity of Program/Services:	3780	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by: _	Kathleen Daly
Client Capa	city of Program/Services Expanded through MHSA:	3780	Telephone Number:	213-738-3079

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Clinical Psychologist II			4.0		\$ -
Community Worker			6.0		\$ -
Intermediate Typist-Clerk Medical Case Worker II			4.0		\$ - \$ -
Medical Records Tech. II			6.0 2.0		\$ -
Mental Health Clinical Program Head			2.0		\$ -
Mental Health Counselor, RN			10.0		\$ -
Training Coordinator, Mental Health			2.0		\$ -
Mental Health Psychiatrist			4.0		\$ -
Nurse Practitioner			2.0		\$ -
Patient Financial Services Worker			2.0		\$ -
Psychiatric Social Worker II			10.0		\$ -
Secretary III			2.0		\$ -
Senior Community MH Psychologist			2.0		\$ -
Senior Community Worker II			4.0		\$ -
Senior Mental Health Counselor, RN			10.0		\$ -
Staff Assistant II			2.0		\$ -
Substance Abuse Counselor			6.0		\$ -
Supervising Mental Health Psychiatrist			2.0		\$ -
Supervising Psychiatric Social Worker			2.0		\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	_	84		\$ - \$ -
C. Total Program Positions	I Total New Additional Positions	-	84		\$ -

County(ies):	LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #:	ACS-01a		Date	9/16/05
Program Work Plan Name:	Alternative Crisis Services - Urgent Care Centers		Page _	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation _	12
	Proposed Total Clients Capacity of Program/Services:	10800	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Kathleen Daly
Clien	t Capacity of Program/Services Expanded through MHSA:	10800	Telephone Number:	213-738-3079

		County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expe	nditures					
1	Client, Family Member and Caregiver Support Expenditures					
	a. Clothing, Food and Hygiene				\$	-
	b. Travel and Transportation				\$	_
	c. Housing				\$	_
	i. Master Leases				\$	_
	ii. Subsidies				\$	_
	iii. Vouchers				\$	=
	iV. Other Housing				\$	_
	d. Employment and Education Supports				\$	
					\$	-
	e. Other Support Expenditures (provide description in budget narrative)				۱ ۵	-
	f. Total Support Expenditures				\vdash	
2.	Personnel Expenditures					
	a. Current Existing Personnel Expenditures (from Staffing Detail)					
	b. New Additional Personnel Expenditures (from Staffing Detail)					
	c. Employee Benefits					
	d. Total Personnel Expenditures				↓	
3.	Operating Expenditures					
	a. Professional Services					
	b. Translation and Interpreter Services					
	c. Travel and Transportation					
	d. General Office Expenditures					
	e. Rent, Utilities, and Equipment					
	f. Medication and Medical Supplies					
	g. Other Operating Expenses (provide description in budget narrative)					
	h. Total Operating Expenditures					
4.	Program Management					
	a. Existing Program Management				\$	_
	b. New Program Management				\$	_
	d. Total Program Management		\$ -	s -	\$	_
5	Estimated Total Expenditures when service provider is not known		Ψ	ĮΨ	\$	13,795,415
	Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	13,795,415
B. Reve			Ψ -	-	ΙΨ-	13,793,413
'.	Existing Revenue				•	
	a. Medi-Cal (FFP only)				\$	-
	b. Medicare/Patient Fees/Patient Insurance				\$	-
	c. Realignment				\$	-
	d. State General Funds				\$	=
	e. County Funds				\$	=
	f. Grants				\$	-
	g. Other Revenue				\$	-
	h. Total Existing Revenues	\$ -	\$ -		\$	-
2.	New Revenue					
	a. Medi-Cal (FFP only)	1,894,650			\$	1,894,650
	b. Medicare/Patient Fees/Patient Insurance				\$	-
	c. State General Funds				\$	-
	d. Other Revenue				\$	-
	e. Total New Revenues	\$ 1,894,650	\$ -		\$	1,894,650
3.	Total Revenues	\$ 1,894,650		\$ -	\$	1,894,650
	Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	- 1,001,000
		\$ (1,894,650)		\$ -	\$	11 000 705
D. Total	Funding Requirements	1.5 (1.894.650)	1.00 -	I ab =	1.5	11,900,765

ALTERNATIVE CRISIS SERVICES: URGENT CARE CENTERS

Budget Narrative - FY 2006-2007 **Description/Justification** Line Item A.5. Estimated Total Expenditures when service provider is not known - Includes proposed personnel and operating expenditures for a total of \$13,795,415. A.6. Total Program Budget - See Above B.2. New Revenue: a. Medi-Cal (FFP only) - \$1,894,650. This number represents projected FFP revenue for 12 months. D. Total Funding Requirements - \$11,900,765.

County(ies):	LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #:	ACS-01a		Date_	9/16/05
Program Work Plan Name:	Alternative Crisis Services - Urgent Care Centers		Page_	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation _	12
Pro	posed Total Clients Capacity of Program/Services:	10800	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by: _	Kathleen Daly
Client Capac	city of Program/Services Expanded through MHSA:	10800	Telephone Number:	213-738-3079

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
	Total Current Existing Positions	_	-		\$ -
B. New Additional Positions	•				
Clinical Psychologist II			5.0		\$ -
Community Worker			7.5		\$ -
Intermediate Typist-Clerk			5.0		\$ -
Medical Case Worker II			7.5		\$ -
Medical Records Tech. II			2.5		\$ -
Mental Health Clinical Program Head			2.5		\$ -
Mental Health Counselor, RN			12.5		\$ -
Training Coordinator, Mental Health			2.5		\$ -
Mental Health Psychiatrist			5.0		\$ -
Nurse Practitioner			2.5		\$ -
Patient Financial Services Worker			2.5		\$ -
Psychiatric Social Worker II			12.5		\$ -
Secretary III			2.5		\$ -
Senior Community MH Psychologist			2.5		\$ -
Senior Community Worker II			5.0		\$ -
Senior Mental Health Counselor, RN			12.5		\$ -
Staff Assistant II			2.5		\$ -
Substance Abuse Counselor			7.5 2.5		\$ - \$ -
Supervising Mental Health Psychiatrist			2.5 2.5		
Supervising Psychiatric Social Worker			2.5		\$ 1 \$ -
					\$ -
					\$ -
	Total New Additional Positions		105		\$ 1
C. Total Program Positions	Total New Additional Positions	-	105		\$ 1

County(ies)	: LOS ANGELES		Fiscal Year:	2007-2008
Program Work Plan #	: ACS-01a		Date	9/16/05
Program Work Plan Name	: Alternative Crisis Services - Urgent Care Centers		Page	
Type of Funding	: FSP; SD; Medi-Cal (FFP)		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	12960	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by:	Kathleen Daly
Clier	nt Capacity of Program/Services Expanded through MHSA: _	12960	Telephone Number:	213-738-3079

		County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures						
1. Client, Family Member and Ca	regiver Support Expenditures					
a. Clothing, Food and Hygiene						
b. Travel and Transportation						
c. Housing						
i. Master Leases						
ii. Subsidies						
iii. Vouchers						
iV. Other Housing						
d. Employment and Education	Supports					
	(provide description in budget narrative)					
	(provide description in budget narrative)					
f. Total Support Expenditures					+-	
2. Personnel Expenditures						
_	Expenditures (from Staffing Detail)					
	xpenditures (from Staffing Detail)					
c. Employee Benefits						
d. Total Personnel Expenditure	S				—	
3. Operating Expenditures						
a. Professional Services						
b. Translation and Interpreter S	Services					
c. Travel and Transportation						
d. General Office Expenditures						
e. Rent, Utilities, and Equipme	nt					
f. Medication and Medical Sup	olies					
g. Other Operating Expenses (provide description in budget narrative)					
h. Total Operating Expenditure	s					
4. Program Management						
a. Existing Program Managem	ent				\$	-
b. New Program Management					\$	_
d. Total Program Management			\$ -	\$ -	\$	-
	when service provider is not known				\$	17,572,485
6. Total Proposed Program Bud		s -	\$ -		\$	17,572,485
B. Revenue	,	·	,		Ė	
1. Existing Revenue						
a. Medi-Cal (FFP only)					\$	_
b. Medicare/Patient Fees/Patie	int Insurance				\$	_
c. Realignment	in insurance				\$	
d. State General Funds					\$	-
					\$	-
e. County Funds					1.	-
f. Grants					\$	-
g. Other Revenue					\$	-
h. Total Existing Revenues		\$ -	\$ -	-	\$	-
2. New Revenue						
a. Medi-Cal (FFP only)		2,271,72)		\$	2,271,720
b. Medicare/Patient Fees/Patie	nt Insurance				\$	-
c. State General Funds					\$	-
d. Other Revenue					\$	-
e. Total New Revenues		\$ 2,271,72) \$ -	\$ -	\$	2,271,720
3. Total Revenues		\$ 2,271,72	- \$	\$ -	\$	2,271,720
C. One-Time CSS Funding Expenditure	······································	\$ -	\$ -	\$ -	\$	-
		\$ (2,271,720) s -	\$ -	\$	15,300,765
D. Total Funding Requirements		ΙΨ (Ζ,Ζ, ι,				10,000,100

ALTERNATIVE CRISIS SERVICES: URGENT CARE CENTERS

Line Item Description/Justification A.5. Estimated Total Expenditures when service provider is not known – Includes proposed personnel and operating expenditures for a total of \$17,572,485. A.6. Total Program Budget – See Above B.2. New Revenue: a. Medi-Cal (FFP only) - \$2,271,720. This number represents projected FFP revenue for 12 months.

Total Funding Requirements - \$15,300,765.

D.

County(ies): LOS ANGELES		Fiscal Year: _	FY 2007-08
Program Work Plan #: ACS-01a		Date _	9/16/05
Program Work Plan Name: Alternative Crisis Services - Urgent Care Cent	ers	Page_	
Type of Funding: FSP; SD; Medi-Cal (FFP)		Months of Operation _	12
Proposed Total Clients Capacity of Program/Servi	ces: 12960	New Program/Services or Expansion	New
Existing Client Capacity of Program/Servi	ces:	Prepared by:	Kathleen Daly
Client Capacity of Program/Services Expanded through MH	ISA: 12960	Telephone Number:	213-738-3079

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
	Total Current Existing Positions	-	-		\$ -
B. New Additional Positions					
Clinical Psychologist II			6.0		
Community Worker			9.0		
Intermediate Typist-Clerk			6.0		
Medical Case Worker II			9.0		
Medical Records Tech. II			3.0		
Mental Health Clinical Program Head			3.0		
Mental Health Counselor, RN			15.0		
Training Coordinator, Mental Health			3.0		
Mental Health Psychiatrist			6.0		
Nurse Practitioner			3.0		
Patient Financial Services Worker			3.0		
Psychiatric Social Worker II			15.0		
Secretary III			3.0		
Senior Community MH Psychologist			3.0		
Senior Community Worker II			6.0		
Senior Mental Health Counselor, RN			15.0		
Staff Assistant II			3.0		
Substance Abuse Counselor			9.0		
Supervising Mental Health Psychiatrist			3.0		
Supervising Psychiatric Social Worker			3.0		
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	-	126		\$ -
C. Total Progam Positions		-	126		\$ -

County(ies): LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #: ACS-01b		Date _	9/8/05
Program Work Plan Name: Countywide Resource Management		Page _	
Type of Funding: SD		Months of Operation _	6
Proposed Total Clients Capacity of Program/Services:	2147	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity of Program/Services Expanded through MHSA:	2147	Telephone Number:	(323) 226-4744

		nty Mental Health partment	Othe Govern Agenc	ment	Menta Co	munity al Health ntract viders		Total
A. Expenditures								
1. Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	-
b. Travel and Transportation							\$	_
c. Housing								
i. Master Leases							\$	=
ii. Subsidies							\$	=
iii. Vouchers							\$	-
iV. Other Housing							\$	_
d. Employment and Education Supports							\$	_
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	+		Ψ		ΙΨ		+	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)		95,524					\$	95,524
c. Employee Benefits		29,094					\$	29,094
d. Total Personnel Expenditures	\$	124,618	6		\$		\$	
	12	124,618	\$	-	12	-) D	124,618
3. Operating Expenditures								
a. Professional Services							\$	-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation								
d. General Office Expenditures							\$	=
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management							\$	=
d. Total Program Management			\$	-	\$	=	\$	=
5. Estimated Total Expenditures when service provider is not known	\$	-					\$	-
Total Proposed Program Budget	\$	124,618	\$	-	\$	-	\$	124,618
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	=
e. County Funds							\$	-
f. Grants							\$	-
g. Other Revenue							\$	-
h. Total Existing Revenues	 \$	-	\$	-	 \$	_	\$	-
2. New Revenue								
a. Medi-Cal (FFP only)							\$	=
b. Medicare/Patient Fees/Patient Insurance							\$	=
c. State General Funds							\$	_
d. Other Revenue							\$	_
e. Total Existing Revenues	\$	_	\$	_	\$	_	\$	_
3. Total Revenues	\$	_	\$	_	\$	_	\$	- -
C. One-Time CSS Funding Expenditures	\$		\$		\$		\$	
D. Total Funding Requirements	\$	124,618	<u> </u>	-	\$	-	\$	124,618
D. TOTAL FORGING REQUIREMENTS	I D	1∠4,018	ĮΦ	-	ıΦ	_	ιĐ	124.018

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2005-2006

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes \$95,524 in new personnel expenditures and \$29,094 in employee benefits, for a total of \$124,618. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$124,618.

Proposed Total Clients Capacity of Program/Services: 2,147 New Program/Services or Expansion New

Existing Client Capacity of Program/Services: Prepared by: Mary Marx

Client Capacity of Program/Services Expanded through MHSA: 2,147 Telephone Number: (323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions			4.00	50.074	* 50.074
Mental Health Clinical District Chief Mental Health Analyst II			1.00 1.00	58,971 36,554	\$ 58,971 \$ 36,554
2. Meritai Heaitii Ariaiyst ii			1.00	30,334	φ 30,334
			1		
	Total New Additional Positions	0.00	2.00		\$ 95,524

County(ies): LOS	ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: ACS	-01b		Date _	9/8/05
Program Work Plan Name: Cour	ntywide Resource Management		Page_	
Type of Funding: SD			Months of Operation _	12
P	Proposed Total Clients Capacity of Program/Services:	5728	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Cap	acity of Program/Services Expanded through MHSA:	5728	Telephone Number:	(323) 226-4744

	County Menta Health Department	I Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				-
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				-
iii. Vouchers				\$ -
iV. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	- \$	\$ -		\$ -
2. Personnel Expenditures			¥	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ <u>-</u>
b. New Additional Personnel Expenditures (from Staffing Detail)	191,04	18		\$ 191,048
c. Employee Benefits	58,18			\$ 58,187
d. Total Personnel Expenditures	\$ 249,23			\$ 249,235
3. Operating Expenditures	243,20	- <u>-</u>		249,233
a. Professional Services				\$ <u>-</u>
				\$ -
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities, and Equipment				-
f. Medication and Medical Supplies				-
g. Other Operating Expenses (provide description in budget narrative)	_			-
h. Total Operating Expenditures	-	\$ -	\$ -	-
4. Program Management				
a. Existing Program Management				-
b. New Program Management				-
d. Total Program Management		\$ -		-
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ -
6. Total Proposed Program Budget	\$ 249,23	35 \$ -	\$ -	\$ 249,235
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				-
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$ -
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	\$ -	\$ -	\$ -	-
3. Total Revenues	\$ -	\$ -	\$ -	\$ -
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 249,23		\$ -	\$ 249,235
D. Total Fullding Requirements	ΙΨ 10,			

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2006-2007

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes \$191,048 in new personnel expenditures and \$58,187 in employee benefits, for a total of \$249,235. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$249,235.

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007	_
Program Work Plan #: ACS-01b		Date_	9/8/05	
Program Work Plan Name: Countywide Resource Management		Page _		_
Type of Funding: SD		Months of Operation	12	
Proposed Total Clients Capacity of Program/Services:	5,728	New Program/Services or Expansion _	New	
Existing Client Capacity of Program/Services:		Prepared by: _	Mary Marx	
Client Canacity of Program/Services Expanded through MHSA:	5,728	Telephone Number:	(323) 226-4744	

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
B. New Additional Positions	Total Current Existing Positions	-	0.00		\$ -
New Additional Positions New Additional Positions New Additional Positions New Additional Positions New Additional Positions			1.00	117,941	\$ 117,941
Mental Health Analyst II			1.00	73,107	
, , , , , , , , , , , , , , , , , , , ,				, ,	,
	Total New Additional Positions	0.00	2.00		\$ 191,048
C. Total Program Positions		0.00	2.00		\$ 191,048

County(ies): _	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #: _	ACS-01b		Date	9/8/05
Program Work Plan Name:	Countywide Resource Management		Page	
Type of Funding:	SD		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	5728	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _		Prepared by:	Mary Marx
Client	Capacity of Program/Services Expanded through MHSA:	5728	Telephone Number:	(323) 226-4744

		nty Mental Health partment	Other Governm Agencie	ent	Commu Mental H Contra Provid	ealth act		Total
A. Expenditures								
1. Client, Family Member and Caregiver Support Expenditures								
a. Clothing, Food and Hygiene							\$	_
b. Travel and Transportation							\$	_
c. Housing								
i. Master Leases							\$	=
ii. Subsidies							\$	=
iii. Vouchers							\$	-
iV. Other Housing							\$	_
d. Employment and Education Supports							\$	_
e. Other Support Expenditures (provide description in budget narrative)							\$	_
f. Total Support Expenditures	\$	_	\$	_	\$	_	\$	_
2. Personnel Expenditures	+		Ψ		ΙΨ		-	
a. Current Existing Personnel Expenditures (from Staffing Detail)							\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)		191,048					\$	191,048
c. Employee Benefits		58,187					\$	58,187
d. Total Personnel Expenditures	\$		œ.		\$		\$ \$	
	12	249,235	\$	-	1 2	-) D	249,235
3. Operating Expenditures								
a. Professional Services							\$	-
b. Translation and Interpreter Services							\$	-
c. Travel and Transportation							١.	
d. General Office Expenditures							\$	-
e. Rent, Utilities, and Equipment							\$	-
f. Medication and Medical Supplies							\$	-
g. Other Operating Expenses (provide description in budget narrative)							\$	-
h. Total Operating Expenditures	\$	-	\$	-	\$	-	\$	-
4. Program Management								
a. Existing Program Management							\$	-
b. New Program Management							\$	-
d. Total Program Management			\$	-	\$	-	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	-					\$	-
Total Proposed Program Budget	\$	249,235	\$	-	\$	-	\$	249,235
B. Revenue								
1. Existing Revenue								
a. Medi-Cal (FFP only)							\$	-
b. Medicare/Patient Fees/Patient Insurance							\$	-
c. Realignment							\$	-
d. State General Funds							\$	-
e. County Funds							\$	-
f. Grants							\$	_
g. Other Revenue							\$	_
h. Total Existing Revenues	 \$	-	\$	_	\$	_	\$	-
2. New Revenue								
a. Medi-Cal (FFP only)							\$	=
b. Medicare/Patient Fees/Patient Insurance							\$	=
c. State General Funds							\$	=
d. Other Revenue							\$	_
e. Total Existing Revenues	\$	_	\$	_	\$	_	\$	_
3. Total Revenues	\$	_	\$	_	\$	_	\$	- -
C. One-Time CSS Funding Expenditures	\$	-	\$		\$		\$	
D. Total Funding Requirements	\$	249,235	<u> </u>		\$		\$	249,235
D. IVIALI UNUNU NEUUNENIS	ΙΨ	∠45,∠35	Ψ	-	ĮΨ		ΙΨ	Z49,Z35

COUNTYWIDE RESOURCE MANAGEMENT

Budget Narrative - FY 2007-2008

Line Item	Description/Justification
A.2.	Personnel Expenditures - Includes \$191,048 in new personnel expenditures and \$58,187 in employee benefits, for a total of \$249,235. New Staff will consist of 1.0 FTE Mental Health Clinical District Chief and 1.0 FTE Mental Health Analyst II.
A. 6.	Total Program Budget – See Above
D.	Total Funding Requirements – \$249,235.

County(ies): LOS ANGELES	_	Fiscal Year: _	2007-2008
Program Work Plan #: ACS-01b	_	Date_	9/8/05
Program Work Plan Name: Countywide Resource Management		Page _	
Type of Funding: SD	_	Months of Operation	12
Proposed Total Clients Capacity of Program/Services:	5,728	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Canacity of Program/Services Expanded through MHSA:	5.728	Telephone Number:	(323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	٧	tal Salaries, Vages and Overtime
A. Current Existing Positions						
					\$	-
					\$	=
					\$	-
					\$	- -
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	- -
					\$	=
					\$	=
					\$	=
					\$	-
	Total Current Existing Positions	·	0.00		\$	-
B. New Additional Positions	rotal current Existing Positions	-	0.00		Ψ	<u>-</u>
Mental Health Clinical District Chief			1.00	117,941	\$	117,941
2. Mental Health Analyst II			1.00	73,107		73,107
	Total New Additional Positions	0.00	2.00		\$	191,048
C. Total Program Positions		0.00	2.00		\$	191,048

County(ies): _	LOS ANGELES		Fiscal Year: _	2005-2006
Program Work Plan #:	ACS-01c		Date _	9/8/05
Program Work Plan Name:	Residential & Bridging Services		Page_	
Type of Funding:	SD; County Funds		Months of Operation _	6
	Proposed Total Clients Capacity of Program/Services:	2880	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:	0	Prepared by:	Mary Marx
Client	Capacity of Program/Services Expanded through MHSA:	2880	Telephone Number:	(323) 226-4744

A. Expenditures 1. Client, Family Member and Caregiver Support Expenditures	1	artment	Government Agencies	Mental Health Contract Providers		Total
Client, Family Member and Caregiver Support Expenditures						
a. Clothing, Food and Hygiene					\$	-
b. Travel and Transportation					\$	-
c. Housing						
i. Master Leases					\$	-
ii. Subsidies					\$	-
iii. Vouchers					\$	-
iV. Other Housing					\$	-
d. Employment and Education Supports					\$	-
e. Other Support Expenditures (provide description in budget narrative)					\$	-
f. Total Support Expenditures	 \$	_	\$ -		\$	_
2. Personnel Expenditures						
a. Current Existing Personnel Expenditures (from Staffing Detail)					\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)		412,480			\$	412,480
c. Employee Benefits		125,628			\$	125,628
d. Total Personnel Expenditures	 \$	538,108	\$ -	s -	\$	538,108
3. Operating Expenditures		,	*		<u> </u>	
a. Professional Services					\$	_
b. Translation and Interpreter Services					\$	_
c. Travel and Transportation		7,012			*	
d. General Office Expenditures		7,500			\$	7,500
e. Rent, Utilities, and Equipment		47,380			\$	47,380
f. Medication and Medical Supplies		11,000			\$	-
g. Other Operating Expenses (provide description in budget narrative)					\$	_
h. Total Operating Expenditures	 \$	61,892	\$ -	- \$	\$	61,892
4. Program Management	1	01,032	Ψ	Ψ	╫	01,002
a. Existing Program Management					\$	_
b. New Program Management					\$	_
d. Total Program Management			\$ -	- \$	\$	_
Sestimated Total Expenditures when service provider is not known			Ψ	ļΨ	\$	
6. Total Proposed Program Budget	\$	600,000	\$ -	\$ -	\$	600,000
B. Revenue	Ι Ψ	000,000	Ψ	Ψ	╫	
Revenue Stating Revenue						
a. Medi-Cal (FFP only)					 \$	_
b. Medicare/Patient Fees/Patient Insurance					\s	_
c. Realignment					\$	_
d. State General Funds					\$	-
e. County Funds		200,000			\$	200,000
e. County Funds f. Grants	1	۷۰۰,۰۰۰			1	200,000
	1				\$ \$	=
g. Other Revenue	•	200 000	¢	e e	1	200.000
h. Total Existing Revenues	\$	200,000	\$ -	- \$	\$	200,000
2. New Revenue						
a. Medi-Cal (FFP only)					\$	=
b. Medicare/Patient Fees/Patient Insurance	1				\$	-
c. State General Funds					\$	=
d. Other Revenue	_		Φ.		\$	=
e. Total Existing Revenues	\$	-	\$ -		\$	-
3. Total Revenues	\$	200,000	\$ -	\$ -	\$	200,000
C. One-Time CSS Funding Expenditures	\$	400.000	\$ -	\$ -	\$	400.000
D. Total Funding Requirements	\$	400,000	\$ -	-	\$	400,000

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2005-2006

Line Item

Description/Justification

- A. 2. Personnel Expenditures Expenditure consist of:
 - a. N/A
 - b. New Additional Personnel Expenditures \$412,480. Will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker.
 - c. Employee Benefits Calculated for these staff at a total of \$125,628.
 - d. Total Personnel Expenditure \$538,108.
- A. 3. Operating Expenditures Expenditure consist of:
 - c. Travel and Transportation \$7,012. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed.
 - d. General Office Expenditures \$7,500. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar.
 - e. Rent, Utilities, and Equipment \$47,380. This amount includes rent and utilities for office space and equipment necessary for office.
 - h. Total Operating Expenditure \$61,892
- A. 6. Total Proposed Program Budget \$600,000
- B. 1. Existing Revenue \$200,000. This amount will be provided with County General Funds.
- D. Total Funding Requirements \$400,000

County(ies):	LOS ANGELES		Fiscal Year: _	2005-2006	
Program Work Plan #:	ACS-01c		Date _	9/8/05	
Program Work Plan Name:	Residential & Bridging Services		Page _		
Type of Funding:	SD; County Funds		Months of Operation	6	
Prop	osed Total Clients Capacity of Program/Services:	2880	New Program/Services or Expansion	New	
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx	
Client Canacity	of Program/Services Expanded through MHSA.	2880	Telephone Number	(323) 226-4744	

	Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE	T	otal Salaries, Wages and Overtime
A	. Current Existing Positions						
						\$	-
						\$	-
						\$	-
						\$	=
						\$	-
						\$	-
						\$	<u>-</u>
						\$	_
						\$	_
						\$	=
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	=
ŀ	. New Additional Positions	Total Current Existing Positions	-	0.00		\$	=
ľ	Psychiatric Social Worker II	Program Liaisons		8.00	31,764	\$	254,112
		Program Liaisons Program Liaison Supervisor		2.00	35,489	\$	70,978
	Community Worker	Peer Bridgers	5.00	5.00	8,739	\$	87,390
	,,					\$	_
						\$	-
						\$	-
						\$	=
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	=
						٩	-
l							
l							
F		Total New Additional Positions	5.00	15.00		\$	412,480
L	. Total Program Positions		5.00	15.00		\$	412,480

County(ies): LOS ANGELES			Fiscal Year: _	2006-2007
Program Work Plan #: ACS-01c			Date _	9/8/05
Program Work Plan Name: Residential & Bridging	Services		Page _	
Type of Funding: SD; County Funds			Months of Operation _	12
Proposed Total Clie	nts Capacity of Program/Services:	7200	New Program/Services or Expansion	New
Existing Cli	ent Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity of Program/S	ervices Expanded through MHSA:	7200	Telephone Number:	(323) 226-4744

	County Menta Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				-
b. Travel and Transportation				-
c. Housing				
i. Master Leases				-
ii. Subsidies				-
iii. Vouchers				-
iV. Other Housing				-
d. Employment and Education Supports				- S
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	- \$	\$ <u>-</u>	\$ -	\$ -
2. Personnel Expenditures	<u> </u>	¥	<u> </u>	<u> </u>
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)	824,96	30		\$ 824,960
c. Employee Benefits	251,25			\$ 251,256
			 	1
d. Total Personnel Expenditures	\$ 1,076,2	16 \$ -	-	\$ 1,076,216
3. Operating Expenditures a. Professional Services				 \$
b. Translation and Interpreter Services	440			-
c. Travel and Transportation	14,02			45.000
d. General Office Expenditures	15,00			\$ 15,000
e. Rent, Utilities, and Equipment	94,76	50		\$ 94,760
f. Medication and Medical Supplies				-
g. Other Operating Expenses (provide description in budget narrative)				-
h. Total Operating Expenditures	\$ 123,78	34 \$ -	\$ -	\$ 123,784
4. Program Management				
a. Existing Program Management				-
b. New Program Management				-
d. Total Program Management		\$ -		\$ -
5. Estimated Total Expenditures when service provider is not known				\$ -
6. Total Proposed Program Budget	\$ 1,200,00	00 \$ -	\$ -	\$ 1,200,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds	400,00	00		\$ 400,000
f. Grants				-
g. Other Revenue				\$ -
h. Total Existing Revenues	\$ 400,00	00 \$ -	\$ -	\$ 400,000
2. New Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue				\$ -
e. Total Existing Revenues	- \$	\$ -	\$ -	\$ -
3. Total Revenues	\$ 400,00		\$ -	\$ 400,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
D. Total Funding Requirements	\$ 800,00		\$ -	\$ 800,000
	, + 000,00	Ψ	1 *	, + 000,000

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2006-2007

Line Item

Description/Justification

- A. 2. Personnel Expenditures Expenditure consist of:
 - a. N/A
 - b. New Additional Personnel Expenditures \$824,960.
 This total will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker.
 - c. Employee Benefits Calculated for these staff at a total of \$251,256.
 - d. Total Personnel Expenditure \$1,076,216.
- A. 3. Operating Expenditures Expenditure consist of:
 - c. Travel and Transportation \$14,024. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed.
 - d. General Office Expenditures \$15,000. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar.
 - e. Rent, Utilities, and Equipment \$94,760. This amount includes rent and utilities for office space and equipment necessary for office.
 - h. Total Operating Expenditure \$123,784
- A. 6. Total Proposed Program Budget \$1,200,000
- B. 1. Existing Revenue \$400,000. This amount will be provided with County General Funds.
- D. Total Funding Requirements \$800,000

County(ies): LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #: ACS-01c		Date _	9/8/05
Program Work Plan Name: Residential & Bridging Services		Page _	
Type of Funding: SD; County Funds		Months of Operation _	12
Proposed Total Clients Capacity of Program/Services:	7200	New Program/Services or Expansion _	New
Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity of Program/Services Expanded through MHSA:	7200	Telephone Number:	(323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	W	al Salaries, ages and Overtime
A. Current Existing Positions						
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$ \$	-
					\$	_
					\$	_
					\$	_
					\$	_
					\$	_
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
	Total Current Existing Positions	-	0.00		\$	-
B. New Additional Positions						
Psychiatric Social Worker II	Program Liaisons		8.00	63,528		508,224
Supvg Psychiatric Social Worker II Supprove the Worker	Program Liaison Supervisor	F 00	2.00	70,978	\$	141,956
2. Community Worker	Peer Bridgers	5.00	5.00	17,478	\$	174,780
					\$ \$	_
					\$	_
					\$	_
					\$	_
					\$	_
					\$	-
					\$	-
					\$	-
					\$	-
					\$	-
	Total New Additional Positions	5.00	15.00		\$	824,960
C. Total Program Positions		5.00	15.00		\$	824,960

County(ies)	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #	: ACS-01c		Date	9/8/05
Program Work Plan Name	Residential & Bridging Services		Page	
Type of Funding	: SD; County Funds		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	7800	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Clier	nt Capacity of Program/Services Expanded through MHSA: _	7800	Telephone Number:	(323) 226-4744

		unty Mental Health epartment	Other Governme Agencies	- 1	Community Mental Health Contract Providers		Total
A. Expenditures							
1. Client, Family Member and Caregiver Support Expenditures							
a. Clothing, Food and Hygiene						\$	-
b. Travel and Transportation						\$	-
c. Housing							
i. Master Leases						\$	=
ii. Subsidies						\$	=
iii. Vouchers						\$	_
iV. Other Housing						\$	_
d. Employment and Education Supports						\$	· -
e. Other Support Expenditures (provide description in budget narrative)						\$	
f. Total Support Expenditures	 \$	_	\$	_	\$ -	\$	_
2. Personnel Expenditures	╫		Ψ		Ψ	+	
a. Current Existing Personnel Expenditures (from Staffing Detail)						\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)		824,960				\$	824,960
c. Employee Benefits		251,256				\$	251,256
d. Total Personnel Expenditures	\$		œ.		\$ -	\$	
·	+	1,076,216	\$	-	ъ <u>-</u>	+	1,076,216
3. Operating Expenditures							
a. Professional Services						\$	-
b. Translation and Interpreter Services		44.004				\$	-
c. Travel and Transportation		14,024					
d. General Office Expenditures		15,000				\$	15,000
e. Rent, Utilities, and Equipment		94,760				\$	94,760
f. Medication and Medical Supplies						\$	-
g. Other Operating Expenses (provide description in budget narrative)						\$	-
h. Total Operating Expenditures	\$	123,784	\$	-	\$ -	\$	123,784
4. Program Management							
a. Existing Program Management						\$	-
b. New Program Management						\$	=
d. Total Program Management			\$	-	\$ -	\$	-
5. Estimated Total Expenditures when service provider is not known						\$	-
Total Proposed Program Budget	\$	1,200,000	\$	-	\$ -	\$	1,200,000
B. Revenue							
1. Existing Revenue							
a. Medi-Cal (FFP only)						\$	-
b. Medicare/Patient Fees/Patient Insurance						\$	-
c. Realignment						\$	-
d. State General Funds						\$	-
e. County Funds		400,000				\$	400,000
f. Grants						\$	-
g. Other Revenue						\$	-
h. Total Existing Revenues	\$	400,000	\$	-	\$ -	\$	400,000
2. New Revenue							
a. Medi-Cal (FFP only)						\$	_
b. Medicare/Patient Fees/Patient Insurance						\$	_
c. State General Funds						\$	_
d. Other Revenue						\$	_
e. Total Existing Revenues	\$	_	\$	_	\$ -	\$	_
3. Total Revenues	\$	400,000	The state of the s	_	\$ -	\$	400,000
C. One-Time CSS Funding Expenditures	\$		\$	-	\$ -	\$	400,000
	\$	800,000	\$	_	\$ -	\$	800,000
D. Total Funding Requirements	ıψ	000,000	Ψ	-	Ψ -	Þ	600,000

RESIDENTIAL AND BRIDGING SERVICES

Budget Narrative - FY 2007-2008

Line Item

Description/Justification

- A. 2. Personnel Expenditures Expenditure consist of:
 - a. N/A
 - b. New Additional Personnel Expenditures \$824,960.
 This total will cover cost for 8.0 FTE Psychiatric Social Worker II, 2.0 FTE Supervising Psychiatric Social Worker, and 5.0 FTE Community Worker.
 - c. Employee Benefits Calculated for these staff at a total of \$251,256.
 - d. Total Personnel Expenditure \$1,076,216.
- A. 3. Operating Expenditures Expenditure consist of:
 - c. Travel and Transportation \$14,024. This amount includes mileage expenses incurred providing mobile outreach, community access, and community-based services as needed.
 - d. General Office Expenditures \$15,000. Total includes stationary, paper, writing supplies, folders, binders, desk supplies, chart supplies and similar.
 - e. Rent, Utilities, and Equipment \$94,760. This amount includes rent and utilities for office space and equipment necessary for office.
 - h. Total Operating Expenditure \$123,784
- A. 6. Total Proposed Program Budget \$1,200,000
- B. 1. Existing Revenue \$400,000. This amount will be provided with County General Funds.
- D. Total Funding Requirements \$800,000

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #:	ACS-01c		Date _	9/8/05
Program Work Plan Name:	Residential & Bridging Services		Page _	
Type of Funding:	SD; County Funds		Months of Operation	12
Propo	osed Total Clients Capacity of Program/Services:	7800	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity	of Program/Services Expanded through MHSA:	7800	Telephone Number:	(323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
_					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Comment Eviation Besitions		0.00		\$ -
B. New Additional Positions	Total Current Existing Positions	-	0.00		\$ -
New Additional Positions New Additional Positions New Additional Positions New Additional Positions	Program Liaisons		8.00	63,528	\$ 508,224
Supvg Psychiatric Social Worker II	Program Liaison Supervisor		2.00	70,978	\$ 141,956
Community Worker (.5 FTEs)	Peer Bridgers	5.00	5.00	17,478	\$ 174,780
2. Community Worker (.CT 125)	Traci Bridgers	0.00	0.00	17,470	\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	T. (1 N 1 1	5.00	45.00		* ***********************************
D T 1 1 D D 111	Total New Additional Positions	5.00	15.00		\$ 824,960
C. Total Program Positions		5.00	15.00		\$ 824,960

County(ies): LOS ANGELES			Fiscal Year: _	2006-2007
Program Work Plan #: ACS-01d			Date _	9/8/05
Program Work Plan Name: Enriched Residen	tial Services		Page _	
Type of Funding: FSP; SD; Medi-Ca	al (FFP)		Months of Operation _	12
Proposed Total	Clients Capacity of Program/Services:	150	New Program/Services or Expansion	New
Existin	g Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity of Progr	am/Services Expanded through MHSA:	150	Telephone Number:	(323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iV. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -		\$ <u>-</u>	\$ -
2. Personnel Expenditures	<u> </u>	· ·		•
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)			825,024	\$ 825,024
c. Employee Benefits			197,832	\$ 197,832
d. Total Personnel Expenditures	s -	\$ -	\$ 1,022,856	\$ 1,022,856
3. Operating Expenditures	<u>-</u>	-	Ψ 1,022,030	Ψ 1,022,030
a. Professional Services				\$ -
				\$ -
b. Translation and Interpreter Services				-
c. Travel and Transportation			400,000	¢ 400.000
d. General Office Expenditures			103,939	\$ 103,939
e. Rent, Utilities, and Equipment			315,000	\$ 315,000
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)	_		298,205	\$ 298,205
h. Total Operating Expenditures	\$ -	\$ -	\$ 717,144	\$ 717,144
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	-	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ -
6. Total Proposed Program Budget	\$ -	\$ -	\$ 1,740,000	\$ 1,740,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues		\$ -		\$ -
2. New Revenue				
a. Medi-Cal (FFP only)			460,000	\$ 460,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue			210,000	\$ 210,000
e. Total New Revenues	\$ -	\$ -	\$ 670,000	\$ 670,000
3. Total Revenues	\$ -	\$ -	\$ 670,000	\$ 670,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ 1,070,000	\$ 1,070,000
D. Total Funding Requirements		- Ψ	Ιψ 1,070,000	φ 1,070,000

ENRICHED RESIDENTIAL SERVICES

Budget Narrative - FY 2006-2007

Line Item

Description/Justification

- A. 2. Personnel Expenditures Total personnel expenditure is \$1,022,856. This consists of \$825,024 for salaries and \$197,832 in employee benefits. Proposed staff and duties consist of:
 - a. Licensed Vocational Nurse provides medication support services and medical monitoring for clients.
 - b. Mental Health Workers provide mental health services including individual and group counseling and peer support and advocacy.
 - c. Psychiatric social workers provide mental health assessment, crisis intervention, individual and group therapy.
 - d. Residential manager provides property management and over site.
 - e. Case managers provide discharge planning, case management activities, including benefits establishment, advocacy, and linkage to community services.
 - f. Activity director plans and directs recreational activities for residents.
 - g. Psychiatrist provides medication support and crisis intervention, and individual as appropriate.
 - h. Director plans, directs and supervises the program staff, coordinates services, and ensures the program meets County, State, and Federal regulations.
 - i. Secretary provides clerical support.
 - j. Office Manager directs the clerical staff and maintains records, office and billing procedures.
- A. 3. Operating Expenditures Total Operating expenditure is \$717.144. This amount includes:
 - d. General Office Expenditures \$103,939. This includes stationary, paper, writing supplies, folders, binders, desk supplies, client chart maintenance supplies, mileage, and training.
 - e. Rent, Utilities, and Equipment \$315,000. Building rental, utilities, furniture, and equipment rental.
 - g. Other Operating Expenses supplement to facility operational costs associated with providing intensive ARF services - \$298,205
- A. 6. Total Program Budget \$1,740,000
- B.2 New Revenue Total new revenue totals \$670,000. This includes \$460,000 in new Medi-Cal (FFP only) for 38 clients, and \$210,000 in SSI revenue.
- D. Total Funding Requirements \$1,070,000.

County(ies):	LOS ANGELES		Fiscal Year: _	2006-2007
Program Work Plan #:	ACS-01d		Date_	9/8/05
Program Work Plan Name:	Enriched Residential Services		Page _	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation _	12
Propo	sed Total Clients Capacity of Program/Services:	150	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity	of Program/Services Expanded through MHSA:	150	Telephone Number:	(323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salari Wages an Overtime	nd
A. Current Existing Positions					\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	Total Current Existing Positions	-	0.00		\$ \$ \$	- -
B. New Additional Positions 1. Licensed Vocational Nurse 2. Mental Health Workers (1 FTE) 3. Mental Health Workers (.5 FTE) 4. Mental Health Workers (.75 FTE) 5. Psychiatric Social Worker II 6. Residential Manager 7. Case Managers 8. Activity Coordinator 9. Psychiatrist 10. Director 11. Secretary 12. Office Manager	Treatment Staff Four half-time positions Two three-fourth time positions	2 x 0.50 (1.0 FTE)	2.00 4.00 2.00 1.50 4.00 1.00 0.50 1.00 1.00	39,492 24,000 24,000 46,800 39,492 29,100 24,936 109,200 78,984 31,176 33,252	\$ 96 \$ 48 \$ 36 \$ 187 \$ 39 \$ 116 \$ 24 \$ 54 \$ 78 \$ 31 \$ 33	8,984 6,000 8,000 6,000 7,200 9,492 6,400 1,936 1,936 1,176 3,252
C. Total Program Positions	Total New Additional Positions	1.00 1.00	23.00 23.00			5,024 5,024

County(ies)	: LOS ANGELES		Fiscal Year:	2007-2008
Program Work Plan #	: ACS-01d		Date	9/8/05
Program Work Plan Name	: Enriched Residential Services		Page	
Type of Funding	: FSP; SD; Medi-Cal (FFP)		Months of Operation	12
	Proposed Total Clients Capacity of Program/Services:	150	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Clier	nt Capacity of Program/Services Expanded through MHSA: _	150	Telephone Number:	(323) 226-4744

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$ -
b. Travel and Transportation				\$ -
c. Housing				
i. Master Leases				\$ -
ii. Subsidies				\$ -
iii. Vouchers				\$ -
iV. Other Housing				\$ -
d. Employment and Education Supports				\$ -
e. Other Support Expenditures (provide description in budget narrative)				\$ -
f. Total Support Expenditures	\$ -		\$ <u>-</u>	\$ -
2. Personnel Expenditures	<u> </u>	· ·		•
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$ -
b. New Additional Personnel Expenditures (from Staffing Detail)			825,024	\$ 825,024
c. Employee Benefits			197,832	\$ 197,832
d. Total Personnel Expenditures	s -	\$ -	\$ 1,022,856	\$ 1,022,856
3. Operating Expenditures	<u>-</u>	-	Ψ 1,022,030	Ψ 1,022,030
a. Professional Services				\$ -
				\$ -
b. Translation and Interpreter Services				-
c. Travel and Transportation			400,000	¢ 400.000
d. General Office Expenditures			103,939	\$ 103,939
e. Rent, Utilities, and Equipment			315,000	\$ 315,000
f. Medication and Medical Supplies				\$ -
g. Other Operating Expenses (provide description in budget narrative)	_		298,205	\$ 298,205
h. Total Operating Expenditures	\$ -	\$ -	\$ 717,144	\$ 717,144
4. Program Management				
a. Existing Program Management				\$ -
b. New Program Management				\$ -
d. Total Program Management		\$ -	-	\$ -
5. Estimated Total Expenditures when service provider is not known	\$ -			\$ -
6. Total Proposed Program Budget	\$ -	\$ -	\$ 1,740,000	\$ 1,740,000
B. Revenue				
1. Existing Revenue				
a. Medi-Cal (FFP only)				\$ -
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. Realignment				\$ -
d. State General Funds				\$ -
e. County Funds				\$ -
f. Grants				\$ -
g. Other Revenue				\$ -
h. Total Existing Revenues		\$ -		\$ -
2. New Revenue				
a. Medi-Cal (FFP only)			460,000	\$ 460,000
b. Medicare/Patient Fees/Patient Insurance				\$ -
c. State General Funds				\$ -
d. Other Revenue			210,000	\$ 210,000
e. Total New Revenues	\$ -	\$ -	\$ 670,000	\$ 670,000
3. Total Revenues	\$ -	\$ -	\$ 670,000	\$ 670,000
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ 1,070,000	\$ 1,070,000
D. Total Funding Requirements		- Ψ	Ιψ 1,070,000	φ 1,070,000

ENRICHED RESIDENTIAL SERVICES

Budget Narrative - FY 2007-2008

Line Item

Description/Justification

- A. 2. Personnel Expenditures Total personnel expenditure is \$1,022,856. This consists of \$825,024 for salaries and \$197,832 in employee benefits. Proposed staff and duties consist of:
 - a. Licensed Vocational Nurse provides medication support services and medical monitoring for clients.
 - b. Mental Health Workers provide mental health services including individual and group counseling and peer support and advocacy.
 - c. Psychiatric social workers provide mental health assessment, crisis intervention, individual and group therapy.
 - d. Residential manager provides property management and over site.
 - e. Case managers provide discharge planning, case management activities, including benefits establishment, advocacy, and linkage to community services.
 - f. Activity director plans and directs recreational activities for residents.
 - g. Psychiatrist provides medication support and crisis intervention, and individual as appropriate.
 - h. Director plans, directs and supervises the program staff, coordinates services, and ensures the program meets County, State, and Federal regulations.
 - i. Secretary provides clerical support.
 - j. Office Manager directs the clerical staff and maintains records, office and billing procedures.
- A. 3. Operating Expenditures Total Operating expenditure is \$717.144. This amount includes:
 - d. General Office Expenditures \$103,939. This includes stationary, paper, writing supplies, folders, binders, desk supplies, client chart maintenance supplies, mileage, and training.
 - e. Rent, Utilities, and Equipment \$315,000. Building rental, utilities, furniture, and equipment rental.
 - g. Other Operating Expenses supplement to facility operational costs associated with providing intensive ARF services - \$298,205
- A. 6. Total Program Budget \$1,740,000
- B.2 New Revenue Total new revenue totals \$670,000. This includes \$460,000 in new Medi-Cal (FFP only) for 38 clients, and \$210,000 in SSI revenue.
- D. Total Funding Requirements \$1,070,000.

County(ies):	LOS ANGELES		Fiscal Year: _	2007-2008
Program Work Plan #:	ACS-01d		Date _	9/8/05
Program Work Plan Name:	Enriched Residential Services		Page _	
Type of Funding:	FSP; SD; Medi-Cal (FFP)		Months of Operation _	12
Propo	esed Total Clients Capacity of Program/Services:	150	New Program/Services or Expansion _	New
	Existing Client Capacity of Program/Services:		Prepared by:	Mary Marx
Client Capacity	of Program/Services Expanded through MHSA:	150	Telephone Number:	(323) 226-4744

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime ^{c/}
A. Current Existing Positions					
B. New Additional Positions	Total Current Existing Positions	-	0.00		\$ - \$ - \$ - \$ -
1. Licensed Vocational Nurse 2. Mental Health Workers (1 FTE) 3. Mental Health Workers (.5 FTE) 4. Mental Health Workers (.75 FTE) 5. Psychiatric Social Worker II 6. Residential Manager 7. Case Managers 8. Activity Coordinator 9. Psychiatrist 10. Director 11. Secretary 12. Office Manager	Treatment Staff Four half-time positions Two three-fourth time positions	4 x 0.50 (2 FTE)	2.00 4.00 2.00 1.50 4.00 1.00 4.00 1.00 0.50 1.00 1.00 1.00	39,492 24,000 24,000 46,800 39,492 29,100 24,936 109,200 78,984 31,176 33,252	\$ 78,984 \$ 96,000 \$ 48,000 \$ 36,000 \$ 187,200 \$ 39,492 \$ 116,400 \$ 24,936 \$ 54,600 \$ 78,984 \$ 31,176 \$ 33,252
C. Total Program Positions	Total New Additional Positions	2.00 2.00	23.00 23.00		\$ 825,024 \$ 825,024

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies): Los An	geles		Fiscal Year:	2005-06
			Date:	9/16/05
		Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures				
1. Personnel Expenditures				
a. MHSA Coordinator(s)		0.00	0.00	\$ -
b. MHSA Support Staff		0.00	0.00	
c. Other Personnel (list below)				
i. Service Area Planning, Outreach and Engag	ement Staff	0.00	0.00	
ii. Planning Division/Outcome Measures		0.00	0.00	
iii. Public Information Office		0.00	0.00	
iv. Information Technology		0.00	0.00	
v. Training Bureau		0.00	0.00	\$ -
<u>vi.</u>				
vii.				
d. Total FTEs/Salaries		0.00	0.00	
e. Employee Benefits 30.4%				
f. Total Personnel Expenditures				
2. Operating Expenditures				
a. Professional Services				\$ 317,500
b. Travel and Transportation				
c. General Office Expenditures				
d. Rent, Utilities and Equipment				
e. Other Operating Expenses (provide description in	budget narrative)			
f. Total Operating Expenditures				
3. County Allocated Administration				
a. Countywide Administration				
b. Other Administration (provide description in budge	t narrative)			
c. Total County Allocated Administration				
4. Total Proposed County Planning, Outreach and Enga	gement Budget			\$ 317,500
B. Revenues				
1. New Revenues				
a. Medi-Cal (FFP only)				
b. Other Revenue				
2. Total Revenues				
C. Start-up and One-Time Implementation Expenditures				\$6,000,000
D. Total County Planning, Outcomes, Engagement Fund	ng Requirements			\$6,317,500

COUNTY CERTIFICATION

Date: _		Signature _	DRAFT	
			Local Mental Health Director	
E	xecuted at		_, California	

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies):L	os Angeles	_	Fiscal Year:		2006-07
			Date:		9/16/05
		Client, Family Member and Caregiver FTEs	Total FTEs		Budgeted Expenditures
A. Expenditures					
1. Personnel Expenditures					
a. MHSA Coordinator(s)		0.00	0.00	\$	-
b. MHSA Support Staff		0.00	3.00	\$	157,047
c. Other Personnel (list below)					
i. Service Area Planning, Outreach and	Engagement	10.00	19.00	\$	912,531
ii. Outcomes management system		1.00	6.00	\$	307,812
iii. Public Information		0.00	2.00	\$	105,417
iv. Information Technology		0.00	2.00	\$	130,220
v. Training Support		0.00	1.00	\$	40,448
vi.					
vii.					
d. Total FTEs/Salaries		11.00	33.00	\$	1,653,474
e. Employee Benefits 30.4%				\$	502,656
f. Total Personnel Expenditures				\$	2,156,131
2 Operating Evpanditures					
Operating Expenditures a. Professional Services				¢.	E90 434
				\$	589,434
b. Travel and Transportation				\$	15,000
c. General Office Expenditures				\$	65,000
d. Rent, Utilities and Equipment	(a. 4) (a. 1a 4) 4))			\$	448,800
e. Other Operating Expenses (provide descri	ption in budget narrative)			\$	1,225,635
f. Total Operating Expenditures				\$	2,343,869
3. County Allocated Administration					
a. Countywide Administration					
b. Other Administration (provide description i	n budget narrative)				
c. Total County Allocated Administration	15 18 1 1				
4. Total Proposed County Planning, Outreach as B. Revenues	nd Engagement Budget				
1. New Revenues					
a. Medi-Cal (FFP only)					
b. Other Revenue					
2. Total Revenues C. Start-up and One-Time Implementation Expend	ituros				
D. Total County Administration Funding Requirem					\$4,500,000
D. Total County Administration Funding Requirem	iciira				φ4,500,000

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date:	Signature	DRAFT
		Local Mental Health Director
Executed at	, Ca	alifornia

n:mhsa budget/css admn budget worksheet 9-15-05

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Planning, Outreach and Engagement Budget Worksheet

County(ies):	Los Angeles		Fiscal Year:		2007-08
			Date:		9/16/05
		Client, Family Member and Caregiver FTEs	Total FTEs		Budgeted Expenditures
A. Expenditures					
1. Personnel Expenditures				ı	
a. MHSA Coordinator(s)		0.00	0.00	\$	-
b. MHSA Support Staff		0.00	3.00	\$	157,047
c. Other Personnel (list below)				ı	
i. Service Area Planning, Outre	each and Engagement	10.00	19.00	\$	912,531
ii. Outcomes management sys	stem	1.00	6.00	\$	307,812
iii. Public Information		0.00	2.00	\$	105,417
iv. Information Technology		0.00	2.00	\$	130,220
v. Training Support		0.00	1.00	\$	40,448
vi.				ı	
vii.				ı	
d. Total FTEs/Salaries		11.00	33.00	\$	1,653,474
e. Employee Benefits 30.4%				\$	502,656
f. Total Personnel Expenditures				\$	2,156,131
O Constitution Francisco III					
2. Operating Expenditures					500 404
a. Professional Services				\$	589,434
b. Travel and Transportation				\$	15,000
c. General Office Expenditures				\$	65,000
d. Rent, Utilities and Equipment				\$	448,800
e. Other Operating Expenses (provi	de description in budget narrative)			\$	1,225,635
f. Total Operating Expenditures				\$	2,343,869
3. County Allocated Administration					
a. Countywide Administration					
b. Other Administration (provide des	,				
c. Total County Allocated Administra					
4. Total Proposed County Planning, Ou	treach and Engagement Budget				
B. Revenues					
1. New Revenues					
a. Medi-Cal (FFP only)					
b. Other Revenue					
2. Total Revenues					
C. Start-up and One-Time Implementation					
D. Total County Administration Funding R	equirements				\$4,500,000

COUNTY CERTIFICATION

Date:	Signature	DRAFT
		Local Mental Health Director
Executed at	, (California

PLANNING, OUTREACH AND ENGAGEMENT BUDGET NARRATIVE ON-GOING AND ONE-TIME FUNDS

The Los Angeles County Department of Mental Health (DMH) plans to allocate \$4,500,000 for the special activities needed to reach underserved and unserved populations. The allocation will fund salaries and employee benefits for thirty eight (38) full time positions (FTE) to be added to the current level of staffing and operating expenditures associated with the function. Of the 38 positions, thirteen (13) are reserved for employment of clients, family members, or caregivers. DMH expects the annual amount to continue through fiscal years 2006-07 through 2007-08 in accordance with currently established Los Angeles County rates for the specific positions to be allocated to this function. The personnel budget assumes that salaries and employee benefits for the current year can be projected for future years without material loss of accuracy. The total amount (5.0 million) represents less than five percent (5%) of the proposed total budget for the Community Services and Supports Plan.

The new positions are necessary for continuing and enhancing planning, outreach and engagement activities that SDMH approved and DMH initiated during the Community Program Planning process. Once the positions are filled, the employees will be assigned full time to activities designed to reach

- community-based organizations including those that are ethnically/racially based or tribal, faith-based, health-care partnerships of all kinds;
- organizations that focus on homeless or incarcerated persons;
- clients and families who can reach out to reluctant potential consumers;
- children and youth who may have serious emotional disorders, particularly through primary care and school-based services, or
- screening services for children and youth.

A1. PERSONNEL EXPENSES

Overall Management – 3.0 FTE (Line Item A.1.b.: MHSA Support Staff)

These positions were approved to provide administrative support for implementation of the Community Program Planning Plan. Continued funding of these positions is necessary for administrative support in the Mental Health Services Act Administrative Unit.

- 1.0 Mental Health Analyst II
- 1.0 Staff Assistant II
- 1.0 Intermediate Typist Clerk

Service Area Advisory Council and Community Support Community Consumer/Family Outreach—19.0 FTE (Line Item A.1.c.i)

DMH plans to allocate nineteen (19) of the proposed budgeted positions to ensure the participation of consumers, family members, advocates and members of underserved communities in MHSA planning and implementation. The positions will continue community support, community consumer and family outreach, and staff support for the Service Area Advisory Councils (SAACs), as approved in the Community Program Planning Plan:

- 8.0 Mental Health Services Coordinators II
- 8.0 Community Worker I
- 1.0 Mental Health Analyst I
- 2.0 Intermediate Typist Clerks

These employees will provide support to the Service Area Advisory Councils, and organize consumer/family member advisory meetings and focus groups. They will also link consumers, family members and advocates to support services such as transportation, stipend claim filing, childcare, and the like in order to maximize participation of all groups at local community levels.

Outcome Measures - 6.0 FTE (Line Item A.1.c.ii)

DMH plans to allocate six (6) of the proposed budgeted positions to organizing outcome measures and guiding the development, monitoring and implementation system transformation tools. The funding includes continuation of five (5) FTE originally approved for the Community Program Planning Plan:

- 3.0 Research Analyst III
- 1.0 Research Analyst I
- 1.0 Mental Health Services Coordinator I
- 1.0 Sr. Typist Clerk

These employees will determine the objectives of performance outcomes measures, identify measures and analytical methods, provide for the collection, aggregation of measures as approved by SDMH, and conduct the analysis, reporting and development of system transformation plans based on the results.

Public Information - 2.0 FTE (Line Item A.1.c.iii)

DMH plans to allocate two (2) of the proposed budgeted positions to development and implementation of communications strategies designed to attract and involve consumers, family members and residents of underserved communities in the planning and implementation process of the Mental Health Services Act. Successful completion of these activities requires continued funding of the positions that were originally approved for this purpose in the Community Program Planning Plan:

- 1.0 Public Information Officer
- 1.0 Secretary II

Information Technology - 2.0 FTE (Line Item A.1.c.iv)

DMH plans to allocate two (2) of the proposed budgeted positions to manage the increased demand for data extraction and analysis and to maintain a reliable data warehouse that will simplify MHSA reporting requirements: Successful completion and support of these activities requires continuation of the positions that were originally approved for this purpose in the Community Program Planning Plan continue to be needed

2.0 Information System Analyst II

Training - 1.0 FTE (Line Item A.1.c.v)

DMH plans to allocate one (1) of the proposed budgeted positions to ensure that the values of the MHSA are reflected in service delivery by supporting the availability of appropriate and adequate training.

1.0 Staff Assistant I

The planned DMH training program is extensive and will be fully staffed as it is developed. Both new and existing DMH staff will require significant training to successfully implement programs and transformative services funded through the MHSA. The individual employed as a staff assistant for the training and cultural competency function will help develop and coordinate the new training curricula.

A2. OPERATING EXPENDITURES

a) Professional Services - \$589,434 (Line Item A.2.a)

- Monthly Countywide Planning Meeting Support \$514,434 for the funding of contracts with various meeting facilitator consultants required to coordinate and organize large countywide meetings and planning activities. These consultants will also provide written follow up reports of the meetings they facilitate and assist in drafting the appropriate components of the various MHSA plans.
- Operational System Transformation \$75,000
 Funds will be used to establish service agreements with consultants hired to assist with the DMH Operations Transformation Plan that will be designed to align the systems transformation agenda resulting from the MHSA planning process.

b) Travel and Transportation - \$15,000

Funds will be used for travel and transportation expenses incurred by DMH staff traveling to Sacramento and other statewide MHSA related meetings and/or activities.

c) General Office Expenditures - \$65,000

Funds will be used for MHSA meeting related expenses such as document copying and reproduction, binders, and postage.

d) Rent, Utilities and equipment - \$516,800

Expenditures include rent, utilities/custodial services, photocopier lease, computers/printers, fax machines and phones.

e) Other Operating Expenditures/Consumer and Family Member Support, and Ethnic Outreach and Engagement – \$1,225,635

- i) Stipends, Wages and Contracts \$100,000 The guiding principles of the MHSA are built on consumer participation and therefore funding of stipends for those consumers, family member and advocates who attend and participate in MHSA planning activities is essential.
- ii) Oral and Written Translation Services \$250,635
 To ensure cultural competence, funds are necessary for the purchase of translation equipment, i.e., transmitters and headphones and the cost of providing oral translation services in 11 threshold languages at MHSA meetings/activities, including focus groups. These funds will also be used for the written translation of MHSA related planning documents into threshold languages.
- Travel and Transportation \$25,000

 To defray personal expense and increase the likelihood of consumer, family member and advocate attendance and participation at MHSA planning meetings and activities, these funds will be used to purchase and distribute bus tokens and taxi vouchers. These funds will also be used for consumer, family member and advocate travel expenses such as meals, lodging and/or mileage claims incurred from their participation in out-of-town, statewide planning meetings and activities
- iv) Meeting and Community Forum room rental \$150,000

 Funds are to be used to pay for room and site rental for the meetings and/or forums held throughout the County for the Stakeholder delegate meetings and other MHSA related functions. In order to accommodate the hundreds of stakeholders/community who participate in the MHSA activities, large venues must be secured.

- v) Food/Refreshments \$100,000 These funds will be used for the provision of food/refreshments such as coffee, tea, snacks and/or a light meal as appropriate at MHSA planning meetings and activities.
- vi) Countywide/Service Area Ethnic and Underserved Population Outreach \$600,000

 Small grants will be provided to community-based organizations to aid DMH in coordinating, organizing and providing community outreach to ethnic and other underserved, hard-to-reach populations.

C. START-UP AND ONE-TIME IMPLEMENTATION EXPENDITURES

DMH is requesting \$6,000,000 in one-time funds for Planning & Outcomes (1,500,000) and Outreach & Engagement (4,500,000) to continue the activities begun during the Community Program Planning phase through FY 2005/06 and for additional Outreach and Engagement activities for ethnic, underserved and partner departments.

The funds requested for *Planning & Outcomes* will be dedicated to hiring and paying for the staff listed in the Personnel Expense section above. The ongoing funds for the staff have been included in the FY 2006/07, and 2007/08 Community Services and Supports Plan. The remainder of the funds will be dedicated to:

- Develop a user- friendly Department of Mental Health web site in the eleven threshold languages - \$500,000
- Develop and execute a research study to establish an accurate baseline of inmates with mental illness in the jail system - \$250,000
- Provide training to increase data quality throughout the mental health delivery system in the County (including collection of outcomes) - \$566,617

•	Staffing (outlined above)	\$1,078,065
•	Web site development	\$ 500,000
•	Research Project	\$ 250,000
•	Training	\$ <u>566,617</u>
	•	\$2,394,682

The funds requested for Outreach and Engagement will support the efforts outlined above in e) Other Operating Expenditures/Consumer and Family Member Support, and Ethnic Outreach and Engagement for six months (ongoing funding for these activities is included in the 2006/07 and 2007/08 budget in the other operating expenses line item). The following activities will also be funded with one-time funds to lay the framework for sustaining the ongoing Outreach and Engagement activities:

 Conduct a feasibility study for the development, expansion, improvement of Mental Health Court Programs - \$80,000

- Develop a plan/curriculum for "professionalizing" volunteer staff of family and consumer groups - \$80,000
- Investigate and research data, resources, organizations that aid in creating a true picture of the number and characteristics of Los Angeles County's uninsured population - \$100,000
- Expand outreach and engagement efforts of client based advocacy organizations -\$50,000
- Develop and implement strategies for conducting outreach to the following populations with co-occurring disorders - \$450,000:
 - Deaf and hearing impaired
 - Developmentally disabled
 - Older adults with health problems
- Engage and build capacity in ethnic, underserved communities to aid the Department in outreaching to these communities, to develop partnerships and to insure inclusion of these communities in the various aspects of the service delivery system and the Mental Health Services Act activities - \$2,500,000
- Provide training and education for housing providers on how to work with individuals with co-occurring disorders 50,000

•	Ongoing Community Engagement	\$ 612,818
•	One-time Community Outreach and Engagement	\$3,310,000
		\$3,922,818

TOTAL \$6,317,500

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies):	LOS ANGELES	(6 mos)	Fiscal Year:	2005-06
			Date:	9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	1.00	\$59,708
b. MHSA Support Staff	7.00	25.00	\$854,263
c. Other Personnel (list below)			
i. Finance	2.00	14.00	\$391,794
ii. Administrative Support (facilities, space, procurement)	0.00	1.00	\$34,970
iii. Contracts	1.00	7.00	\$238,960
iv. Human Resources	1.00	12.00	\$321,512
<u>v.</u>			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	\$1,901,205
e. Employee Benefits (25%)			\$475,301
f. Total Personnel Expenditures			<u>\$2,376,506</u>
Total Personnel Expenditures less 10% Salary Savings			\$2,138,855
2. Operating Expenditures			
a. Professional Services			\$0
b. Travel and Transportation			\$3,000
c. General Office Expenditures			\$53,733
d. Rent, Utilities and Equipment			\$307,000
e. Other Operating Expenses (provide description in budget narrative)			<u>\$0</u>
f. Total Operating Expenditures			\$363,733
3. County Allocated Administration			
a. Countywide Administration (A-87)(2.5%)			\$62,565
b. Other Administration (provide description in budget narrative)			<u>\$0</u>
c. Total County Allocated Administration			\$62,565
4. Total Proposed County Administration Budget			\$2,565,153
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			\$205,212
b. Other Revenue			\$110,000
2. Total Revenues			\$315,212
C. Start-up and One-Time Implementation Expenditures			\$8,250,000
D. Total County Administration Funding Requirements			\$10,499,941

COUNTY CERTIFICATION

Date:	Signature _	DRAFT	
		Local Mental Health Director	
Executed at	California		

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies):	LOS ANGELES	Fiscal Year:	2006-07
		Date:	9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	1.00	\$119,415
b. MHSA Support Staff	7.00	25.00	\$1,708,525
c. Other Personnel (list below)			
i. Finance	2.00	14.00	\$783,588
ii. Administrative Support (facilities, space, procurement)	0.00	1.00	\$69,939
iii. Contracts	1.00	7.00	\$477,919
iv. Human Resources	1.00	12.00	\$643,023
V.			
vi.			
vii.			
d. Total FTEs/Salaries	11.00	60.00	\$3,802,409
e. Employee Benefits (25%)			\$950,602
f. Total Personnel Expenditures			<u>\$4,753,011</u>
Total Personnel Expenditures less 10% Salary Savings			\$4,277,710
2. Operating Expenditures			
a. Professional Services			\$0
b. Travel and Transportation			\$6,000
c. General Office Expenditures			\$107,466
d. Rent, Utilities and Equipment			\$614,000
e. Other Operating Expenses (provide description in budget narrative)			<u>\$0</u>
f. Total Operating Expenditures			\$727,466
3. County Allocated Administration			
a. Countywide Administration (A-87)(2.5%)			\$125,129
b. Other Administration (provide description in budget narrative)			<u>\$0</u>
c. Total County Allocated Administration			\$125,129
4. Total Proposed County Administration Budget			\$5,130,306
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			\$410,424
b. Other Revenue			\$220,000
2. Total Revenues			\$630,424
C. Start-up and One-Time Implementation Expenditures			\$0
D. Total County Administration Funding Requirements			\$4,499,881

COUNTY CERTIFICATION

Date:	Signature	DRAFT	
		Local Mental Health Director	
Executed at	. California		

EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies):	LOS ANGELES	Fiscal Year:	2007-08
		Date:	9/16/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)	0.00	1.00	\$119,415
b. MHSA Support Staff	7.00	25.00	\$1,708,525
c. Other Personnel (list below)			
i. Finance	2.00	14.00	\$783,588
ii. Administrative Support (facilities, space, procurement)	0.00	1.00	\$69,939
iii. Contracts	1.00	7.00	\$477,919
iv. Human Resources	1.00	12.00	\$643,023
<u>v.</u>			
vi.			
<u>v</u> ii.			
d. Total FTEs/Salaries	11.00	60.00	\$3,802,409
e. Employee Benefits (25%)			\$950,602
f. Total Personnel Expenditures			<u>\$4,753,011</u>
Total Personnel Expenditures less 10% Salary Savings			\$4,277,710
2. Operating Expenditures			
a. Professional Services			\$0
b. Travel and Transportation			\$6,000
c. General Office Expenditures			\$107,466
d. Rent, Utilities and Equipment			\$614,000
e. Other Operating Expenses (provide description in budget narrative)			<u>\$0</u>
f. Total Operating Expenditures			\$727,466
3. County Allocated Administration			
a. Countywide Administration (A-87)(2.5%)			\$125,129
b. Other Administration (provide description in budget narrative)			<u>\$0</u>
c. Total County Allocated Administration			\$125,129
4. Total Proposed County Administration Budget			\$5,130,306
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			\$410,424
b. Other Revenue			\$220,000
2. Total Revenues			\$630,424
C. Start-up and One-Time Implementation Expenditures			\$0
D. Total County Administration Funding Requirements			\$4,499,881

COUNTY CERTIFICATION

Date:	Signature	DRAFT	
		Local Mental Health Director	
Executed at	California		

ADMINISTRATION BUDGET NARRATIVE ON-GOING AND ONE-TIME FUNDS

The Los Angeles County Department of Mental Health (DMH) is requesting \$10,499,941 for Fiscal Year (FY) 2005-06 for 60 positions and related expenditures to facilitate program implementation of the Mental Health Services Act (MHSA) Community Services and Supports Plan for both the directly operated and contracted provider network. The salary expenditures include funding for a Student Worker which is a non-FTE count County position. The costs are based on current County Personnel Salaries and established County rates. The request also includes \$4,499,881 in on-going costs for FYs 2006-07 and 2007-08.

A.1. PERSONNEL EXPENDITURES

The Department will make every effort to hire the targeted number of employees who are mental health clients, who have family members with a history of mental illness, or are caregivers to persons with mental illness.

MHSA Coordinator (1.0)

The DMH will establish a MHSA Project Management Team dedicated to the overall responsibility of managing and coordinating the programmatic implementation of the Community Service and Support Plan. This section will be managed by the following:

1.0 Mental Health Clinical District Chief – responsible for overall management

MHSA Support Staff (25.0)

These staff will support the MHSA Coordinator by providing supervision to the Service Area implementation and program coordination staff; developing policies and procedures; providing technical assistance, training, program review, and quality assurance; providing secretarial, administrative, and clerical support; supervising the staff in the Outcome Measures Unit to manage the outcome measure requirements of the MHSA; and organizing the Department's Office of Consumer Affairs, the Office of the Family Advocates, and the Office of the Parent Partners to ensure full participation from the various communities in all aspects of the MHSA. The positions include the following:

- 2.0 Mental Health Clinical Program Head
- 1.0 Chief Research Analyst, Behavioral Sciences
- 1.0 Mental Health Analyst II
- 8.0 Mental Health Education Consultant
- 8.0 Mental Health Services Coordinator II
- 1.0 Senior Secretary III
- 2.0 Secretary III
- 2.0 Intermediate Typist Clerk

Other Personnel (34.0)

Finance (14.0)

The 14.0 positions requested for the Financial Services Bureau operations includes support staff to ensure financial accountability and reporting needs are performed; funding is required to support additional financial accounting, budgeting, reporting, and financial analysis of the MHSA for directly operated clinics, contract providers, and administration. Staff will also serve as liaisons to the MHSA project implementation team as needed. Funding will be allocated to budgeting, general accounting, claims processing, provider reimbursement, cost reporting, settlement, and technical support. The calculation of the number of necessary positions is based on a comparison of current workload to the anticipated increased workload. The positions include the following:

- 6.0 Accountant II
- 4.0 Health Care Financial Analyst
- 2.0 Mental Health Analyst I
- 1.0 Accounting Technician II
- 1.0 Information Systems Coordinator

Administrative Support (1.0)

The Administrative Support Bureau is responsible for the Departments facilities, procurement, security, space, and lease negotiations. With the implementation of MHSA and the expansion of programs, additional facilities will be required to adequately provide services. The one position, Administrative Services Manager I, will be responsible for the coordination of acquiring new facilities, lease negotiations, and building planning/build-out for these new space projects.

Contracts (7.0)

With the implementation of the MHSA phases, the contract staff will provide essential infrastructure support to the Department's program operations by preparing and executing amendments to existing contracts that will be expanding and implementing innovative and/or pilot mental health services. The staff will also be responsible for the development of new contract formats in response to the implementation of these innovative services (including peer support and family education support services) and pilot programs; and execution of new unique agreements with a wide array of service providers, e.g., consultants, universities/educational institutions, housing services. The positions include the following:

- 1.0 Mental Health Analyst III
- 1.0 Mental Health Analyst II
- 4.0 Mental Health Analyst I
- 1.0 Administrative Assistant III

Human Resources (12.0)

It is anticipated that the Department's workforce will increase dramatically over the next two to three fiscal years with the implementation of MHSA. Additional staff will be required to address the recruitment and processing of new staff, handle payroll issues, and resolve employee/labor relations issues and work related injuries. The recommended positions include the following:

- 4.0 Senior Departmental Personnel Technician
- 1.0 Senior Departmental Personnel Assistant
- 2.0 Departmental Personnel Technician
- 1.0 Departmental Personnel Assistant
- 1.0 Information Systems Analyst Aid
- 2.0 Payroll Clerk II
- 1.0 Senior Typist Clerk
- 1 Student Worker

A.2. OPERATING EXPENDITURES

The Department's projected expenditures include costs for the acquisition of new space and the operating costs associated with the 60.0 FTEs requested. The following details these expenditures:

•	FY 05/06	FYs 06/07 & 07/08
Travel and Transportation	\$ 3,000	\$ 6,000

This request includes travel for the MHSA Coordinator and designated staff to attend meetings in Sacramento and other locations as required. In addition, this includes mileage for the support staff to attend meetings in the community and travel to the programs to conduct trainings and program reviews.

	FY 05/06	FYs 06/07 & 07/08
General Office Expenditures	\$ 53,733	107,466
These expenditures include:Office SuppliesSecurity Services	\$ 4,250 49,483	8,500 98,966
Rent, Utilities, and Equipment	\$307,000	614,000
These expenditures include: Rent Utilities/Custodial Services	\$ 235,000 72,000	470,000 144,000

B.1. NEW REVENUES

The Department anticipates generating Medi-Cal administrative cost reimbursements, as follows*:

FY 05/06 FYs 06/07 & 07/08

\$ 205,212 410,424

*This is based on an assumption we will be able to recover at least 8% of these administrative costs.

The Department also expects additional Medi-Cal Administrative reimbursement for eligibility services as flows:

FY 05/06 FYs 06/07 & 07/08

\$ 110,00 220,000

C. START-UP AND ONE-TIME IMPLEMENTATION EXPENDITURES

DMH is requesting \$8,250,000 in one-time funds for infrastructure essential in supporting these programs in the areas of information technology, transportation, critical clinic refurbishments, the purchase of modular building, and flexible funding to supplement infrastructure as needed. The following details the expenditures:

FY 05/06

Information Technology Systems

\$ 3,177,000

- 1. Integrated Behavioral Health Information System (IBHIS): To effectively execute the intent of the MHSA, the Department must select and implement an IBHIS that will meet the needs of both contracted and directly operated providers.
- 2. Data Warehouse: It will be necessary to interface the IBHIS with other information systems to provide all of the data and functionality that DMH and its partners need to deliver services, manage operations, and complete required reports. This data would come together in a data warehouse so it can be managed and made available as appropriate.
- 3. Technology Infrastructure (Two Interface Engine Servers, Additional Networked Storage, and Providers' Required Upgrade for Computer Hardware): These components are critical to data storage capacity and computer hardware needs to better position service delivery staff to handle the MHSA implementation.

<u>Vehicles</u> \$1,279,000

Vehicles will be needed to meet the transportation needs of clients enrolled in Full Service Partnership programs at both contracted and directly operated clinics. The funding will purchase 73 vehicles and serve the needs of over 4,000 clients.

Building and Refurbishments

\$3,500,000

Critical refurbishments will be made to clinics, both contract and directly operated programs, in order to provide better service and an improved environment to clients. In addition, to house our Olive View Alternative Crisis Services, a modular building will be purchased.

Flexible Supplemental Funding

\$294,000

To be allocated based on need, between additional computer hardware upgrades, vehicles, and critical clinic refurbishments using a formula based on Full Service Partnership Clients.

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): Los Angeles	_	Fiscal Year: _	2005-2006
Program Work Plan #: OT-01	_	Date _	9/9/05
Program Work Plan Name: One-time Funding Housing	_	Page _	
Type of Funding: MHSA - One -Time Only		Months of Operation _	
Proposed Total Clients Capacity of Program/Service	s: 3870	New Program/Services or Expansion	New
Existing Client Capacity of Program/Services	s:	Prepared by: _	Reina Turner
Client Capacity of Program/Services Expanded through MHS/	A: 3870	Telephone Number:	(213) 739-6267

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	=
c. Housing					
i. Master Leases				\$	=
ii. Subsidies				\$	=
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures	\$ -	\$ -	-	\$	_
2. Personnel Expenditures	1	Ψ		+*-	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	_
c. Employee Benefits				\$	
d. Total Personnel Expenditures	- s	\$ -		\$	_
3. Operating Expenditures	-	-	<u> </u>	Ψ_	<u> </u>
a. Professional Services				\$	
				\$	=
b. Translation and Interpreter Services				þ	-
c. Travel and Transportation					
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)	1.			\$	=
h. Total Operating Expenditures	\$ -	\$ -		\$	-
4. Program Management					
a. Existing Program Management				\$	=
b. New Program Management				\$	-
d. Total Program Management		\$ -	-	\$	-
5. Estimated Total Expenditures when service provider is not known	1.			\$	-
6. Total Proposed Program Budget	\$ -	\$ -	\$ -	\$	-
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	=
d. State General Funds				\$	=
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$	=
2. New Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	-
d. Other Revenue				\$	=
e. Total Existing Revenues	-	\$ -	\$ -	\$	-
3. Total Revenues		\$ -	\$ -	\$	=
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	11,600,000
D. Total Funding Requirements	\$ -	\$ -	\$ -	\$	11,600,000
E. Percentage of Total Funding Requirements for Full Service Partnerships		·	·		

OT-01: ONE-TIME FUNDING HOUSING INITIATIVE BUDGET NARRATIVE

We propose to use \$11.6 million of one-time funds to help capitalize a Housing Trust Fund to help develop new permanent supportive housing for individuals with psychiatric disabilities, particularly those individuals who are homeless or are living in Residential Care Facilities, Institutions for Mental Disease and other settings such as Sober or Collaborative Living facilities.

The MHSA funds dedicated to the Trust Fund account will be used to:

- Leverage other local, state, and federal financial resources for developing permanent affordable supportive housing for all age groups, including children, youth and families, transition age youth, adults, and older adults.
- Provide on-going rental subsidies and the on-site supportive services necessary for special needs housing developers to leverage millions of dollars in capital funds. Long-term commitments for project-based vouchers or other types of rental subsidies are necessary for special needs housing developers to obtain long-term financing for the capital costs of new projects. Historically, federally sponsored Section 8 vouchers have served this purpose. However, in recent years there has been a dramatic decrease in the availability of Section 8 tenant and project-based vouchers, a trend that is expected to continue. The Housing Trust Fund will fill a crucial gap in commitments for rental subsidies and supportive services required for the development of permanent, affordable and safe supportive housing.
- Provide emergency housing for emancipated homeless youth during the outreach and engagement process
- Fund consultants to assist in planning strategies to minimize any neighborhood opposition to special needs housing in their neighborhoods.

The Department, in conjunction with a Housing Trust Fund Advisory Board (HTFAB), will establish specific administrative and program guidelines outlining the purposes of the Housing Trust Fund, the targeted beneficiaries, basic eligibility requirements for receiving funds, the funding process, and the mechanism for overseeing the Trust Fund operations. The Housing Trust Fund Advisory Board will include representatives from County and local governments, and other appropriate stakeholders. The Board will include significant representation from clients and family members. Additionally, the Department will encourage a broad range of consumer input on the HTFAB. Special attention will be given to engage homeless and formerly homeless individuals at different points in their recovery and from different types of housing initiatives, age groups, and minority populations.

It is important to note that in the past decade, Los Angeles County stakeholders have been working collaboratively to develop permanent, supportive, affordable housing for this population and strongly believe that it is an essential key for success with Full Service Partnerships. In Los Angeles County, there are approximately 4,500 such housing units currently available and more than 700 units that will come on-line within

the next 18 months. However, the need far exceeds the supply. Establishment of this Trust Fund will serve to significantly increase the current stock of permanent, affordable, supportive housing.

We will use \$100,000 of the proposed \$11.6 million one-time resources to fund a strategic planning initiative to develop an on-going approach for responding to local concerns and resistance to the siting of such permanent supportive housing. Called the NIMBY initiative, the purpose of this modest investment is to research and develop effective recommendations

Proposed initial timeline

2005

2005	-
September	Designate DMH lead manager
October	Prepare request to County Department of Human Resources (DHR) for allocation of items (DMH management staff)
November — December	Conduct preliminary negotiations with Los Angeles County Community Development Commission (CDC)
	Obtain DHR preliminary review of item allocation request and
	make suggested revisions
	Identify temporary space for DMH staff
2006	
January	Obtain DHR approval of requested items
•	Appoint Advisory Board
February	Negotiate arrangement with CDC to establish the Trust Fund and obtain Board of Supervisors approval
March	Full implementation
	-

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	LOS ANGELES		Fiscal Year:	2005-2006
Program Work Plan #:	OT-01		Date	9/8/05
Program Work Plan Name:	One-time Funding Housing		Page	of
Type of Funding:	MENTAL HEALTH SERVICES ACT		Months of Operation	
Propo	sed Total Clients Capacity of Program/Services:	3870	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services:		Prepared by:	REINA TURNER
Client Capacity	of Program/Services Expanded through MHSA:	3870	Telephone Number:	213-739-6267

Classification	Function	Clients, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{2/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ - \$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total Current Existing Positions	-	0.00		\$ -
B. New Additional Positions					
A. Division Chief, Program Developme	nt I		1.00		\$ -
B. Administrative Assistant III			1.00		\$ -
C. Secretary III			1.00		\$ -
					\$ -
					\$ - \$ -
					\$ - \$
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
	Total New Additional Positions	0.00	3.00		\$ -
C. Total Progam Positions		0.00	3.00		\$ -

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies)	: Los Angeles		Fiscal Year: _	2005-2006
Program Work Plan #	: OT-02		Date	9/13/05
Program Work Plan Name	: One-time Training & Workforce Development		Page	
Type of Funding	: One-time		Months of Operation	7
	Proposed Total Clients Capacity of Program/Services: _	N/A	New Program/Services or Expansion	New
	Existing Client Capacity of Program/Services: _	N/A	Prepared by:	S. Kerr
Clie	nt Capacity of Program/Services Expanded through MHSA: _	N/A	Telephone Number:	(213) 738-4108

	County Mental Health Department	Other Government Agencies	Community Mental Health Contract Providers		Total
A. Expenditures					
1. Client, Family Member and Caregiver Support Expenditures					
a. Clothing, Food and Hygiene				\$	-
b. Travel and Transportation				\$	-
c. Housing					
i. Master Leases				\$	_
ii. Subsidies				\$	_
iii. Vouchers				\$	_
iV. Other Housing				\$	_
d. Employment and Education Supports				\$	_
e. Other Support Expenditures (provide description in budget narrative)				\$	_
f. Total Support Expenditures		\$ -	-	\$	_
2. Personnel Expenditures	*	<u> </u>		 	
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$	_
b. New Additional Personnel Expenditures (from Staffing Detail)				\$	_
c. Employee Benefits				\$	_
d. Total Personnel Expenditures		\$ -		\$	-
3. Operating Expenditures		<u>-</u>	<u> </u>	+Ψ	-
a. Professional Services					
				\$	
b. Translation and Interpreter Services				1	-
c. Travel and Transportation				•	
d. General Office Expenditures				\$	-
e. Rent, Utilities, and Equipment				\$	-
f. Medication and Medical Supplies				\$	-
g. Other Operating Expenses (provide description in budget narrative)	_			\$	=
h. Total Operating Expenditures	-	\$ -	-	-	
4. Program Management				١.	
a. Existing Program Management				\$	=
b. New Program Management				\$	=
d. Total Program Management		\$ -		\$	-
5. Estimated Total Expenditures when service provider is not known	\$ -				
6. Total Proposed Program Budget		\$ -	\$ -		
B. Revenue					
1. Existing Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. Realignment				\$	-
d. State General Funds				\$	-
e. County Funds				\$	-
f. Grants				\$	-
g. Other Revenue				\$	-
h. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
2. New Revenue					
a. Medi-Cal (FFP only)				\$	-
b. Medicare/Patient Fees/Patient Insurance				\$	-
c. State General Funds				\$	-
d. Other Revenue				\$	-
e. Total Existing Revenues	\$ -	\$ -	\$ -	\$	-
3. Total Revenues	\$ -	\$ -	\$ -	\$	-
C. One-Time CSS Funding Expenditures	\$ -	\$ -	\$ -	\$	10,000,000
D. Total Funding Requirements		\$ -	\$ -	\$	10,000,000
E. Percentage of Total Funding Requirements for Full Service Partnerships					50%

OT-02: ONE-TIME FUNDING WORKFORCE TRAINING AND DEVELOPMENT BUDGET NARRATIVE

Meeting the aggressive implementation timelines outlined in the Los Angeles County CSS plan will require a workforce committed to recovery, grounded in principles of cultural sensitivity and competency, and dedicated to achieving positive outcomes for those most severely affected by mental health issues. The purpose of this one-time funding proposal is to jump start efforts in Los Angeles County to strengthen its mental health workforce in ways that will insure the success of the Mental Health Services Act.

The three target groups for this proposal include:

- People who are not yet working in the mental health system who are committed to getting a job working somewhere in the system
- People who are currently working in the mental health system or in partnering organizations, agencies, and departments
- People who are in degree-granting programs for whom there is a documented urgent need
- 1. Target group: People who are not yet working in the mental health system
 - a. This group:
 - Includes people without bachelor degrees as well as people with bachelors degrees
 - Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups.
 - b. The outcomes sought for this group as a result of this proposal include:
 - A job in the mental health system providing effective mental health services, including but not limited to jobs with:
 - The Department of Mental Health
 - Community-based organizations providing mental health services
 - Contract providers
 - Partner departments and organizations
 - Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work
 - c. The basic design for this population
 - An intensive training and orientation program (or programs) that would include at least 4 basic components:
 - Classes to introduce participants to the essential components of the mental health system, and the essential elements of mental health services grounded in a commitment to wellness, recovery, and resiliency.
 - Experiential learning opportunities for participants to experience first-hand one or more aspects of the mental health system

- Peer and mentoring support to help participants make sense of and learn from their experiences
- Support for securing a job at the conclusion of the program
- The exact design of this approach will be determined over the next several months. We will research existing models and programs to insure that we can meet the time constraints associated with the one-time funds.
- d. Estimated budget: \$2.5 million
- 2. **Target group:** People who are currently working in the mental health system or in partnering organizations, agencies, and departments
 - a. This group:
 - Includes current staff for LA DMH
 - Includes current staff for partnering organizations, agencies, and departments, including but not limited to:
 - Law enforcement personnel
 - Staff from other County departments, including Probation, Health Services, Department of Children and Family Services, Department of Public Social Services, and others
 - Staff from community agencies, organizations, and contract providers
 - Community based workers—e.g., existing Promotoras and others
 - Includes people with no degrees and practitioners with advanced degrees
 - Will include substantial numbers of people who receive services, family members, including caregivers of young children, and members from underserved populations, including ethnic and racial groups
 - Will prioritize people who are essential in the first phases of implementation for the Community Services and Supports plan
 - b. Outcomes sought for this group as a result of this proposal
 - Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work, including their responsibilities implementing parts of the Community Services and Supports plan
 - Recruit people from this group who are willing to sponsor experiential placements and jobs for people from the first target group
 - c. The basic design for this population
 - A consortium of stakeholders, including people who receive services, family members, including caregivers of young children, ethnic and racial groups, DMH representatives, and representatives from partnering organizations, agencies, and departments, will oversee:
 - The selection and recruitment of people to participate in the various programs and training modules.
 - The identification and selection of programs and training modules to provide the training;
 - The monitoring of learning objectives.

- A group of consultants will be hired to:
 - Identify available programs and training modules;
 - Match priority programs and training modules to the projected participants' needs and develop reasonable learning objectives for the different groups.
- Various programs and training modules will be identified that can introduce a diverse array of participants to:
 - The fundamental concepts of wellness, recovery, and resiliency;
 - Different cultural conceptions of mental health;
 - Other skills and orientations needed to help effectively implement the Community Services and Support plan.
- d. Estimated budget: \$5 million
- 3. **Target group:** People who are in degree-granting programs for whom there is a documented urgent need
 - a. The group refined
 - People in the second year of Social Work school, Marriage and Family Therapy programs, Psychiatric Technician programs who are committed to working in the mental health system
 - People in the first year of these programs who are committed to working in the mental health system
 - People in BA programs committed to working in the mental health system
 - People in psychology degree granting programs who are fluent in one of the 11 threshold languages (other than English) and who are committed to providing mental health services to people in communities who speak that threshold language
 - b. Outcomes sought for this group as a result of this proposal
 - Increased understanding and commitment to the concepts of wellness, recovery, and resiliency as part of their work
 - Commitments from students who will graduate within the next year (ideal) or the next two years to provide high need services and supports in the mental health system in Los Angeles County
 - c. The basic design for this population
 - Agreements will be developed between the Department and several schools to provide support to students in exchange for a commitment to work for one or more years in areas of critical need in the mental health system.
 - Some examples of these programs include:
 - Social Work: The social training proposal addresses the Department's immediate need to increase the number of bilingual and multi-cultural social workers throughout the mental health delivery system in order to address the needs of underrepresented groups. Students enrolled in graduate programs in Los Angeles with field placements at DMH directly

operated and contract agencies would receive stipends. Funding for stipends to support trainees with MHSA one-time funds would be converted to ongoing funding through CALSWEC once that plan is finalized by the state. Estimated budget: \$1.2 million

- Marriage and Family: The Marriage and Family Therapy proposal addresses the Department's immediate need to increase the number of bilingual and multicultural mental health providers with an emphasis in working with families. Students enrolled in graduate programs in area universities would be granted stipends for field placements in DMH directly operated or contract agencies. Estimated budget: \$900,000
- Psychiatric Technician: To further address the Department's need for bilingual and multicultural mental health providers, DMH will develop partnerships with Mt. San Antonio and Hacienda La Puente Community Colleges to implement training opportunities for students enrolled in psychiatric technician training programs. Estimate budget: \$168,000
- Psychology: Conversations will begin soon with programs to explore how to identify and provide support to psychologists who are fluent in one of the 11 threshold languages other than English and who are committed to providing mental health services to people in communities who speak that threshold language.

d. Estimated budget: \$2.5 million

4. Total proposed budget: \$10 million